MEMORANDUM

TO: The Honorable JB Pritzker, Governor
The Honorable Tony McCombie, House Minority Leader
The Honorable Don Harmon, Senate President
The Honorable John Curran, Senate Minority Leader
The Honorable Emanuel "Chris" Welch, Speaker of the House

FROM: Dr. Tony Sanders
State Superintendent of Education

DATE: December 15, 2023

SUBJECT: Public Act 103-0546

The Illinois State Board of Education respectfully submits this report entitled "Lessons Learned: A Landscape Scan of Mental Health Screening Practices in Illinois Schools" to the Governor and General Assembly pursuant to Public Act 103-0546.

This report is transmitted on behalf of the State Superintendent of Education. For more specific information, please contact the Executive Director of Legislative Affairs Dana Stoerger at 217-782-4338 or Dstoerge@isbe.net.

cc: Secretary of the Senate
Clerk of the House
Legislative Research Unit
State Government Report Center

Lessons Learned:

A Landscape Scan of Mental Health Screening Practices in Illinois Schools



December 15, 2023

isbe.net

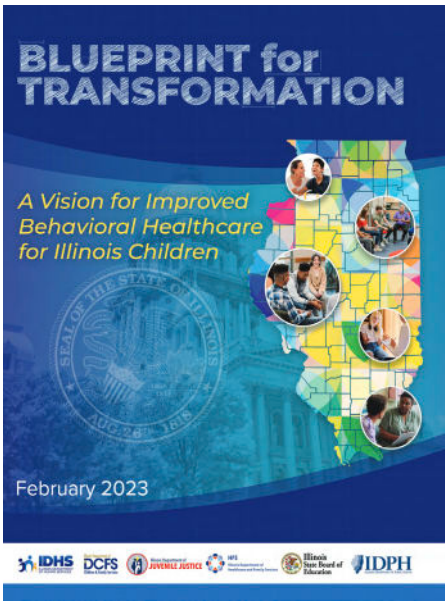
Illinois State Board of Education

Executive Summary

In a 2019 report, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) highlighted the impact that early detection of emotional and behavioral health concerns can have on quality of life for children and adults. "Students are routinely screened for physical health issues (e.g., vision, hearing). However, emotional or behavioral health issues are generally detected after they have already emerged. It is time for that to change" (SAMHSA, 2019). It is in the spirit of that charge for change that the Illinois State Board of Education (ISBE) shares this report and our recommendations for universal mental health screening of students in schools.

Illinois emerged from the COVID-19 pandemic with a greater understanding of the barriers students and families have long experienced with respect to accessing high-quality mental health services in our state. Many school districts have responded to these more visible barriers by investing in wellness and resilience initiatives, including screening their students for emotional, behavioral, and mental health concerns. This report will provide details on the more than 70% of school districts that reported they are already doing some form of screening activity and will provide recommendations on how to close the gap so that in the future, all students are offered screening regularly. This report is a step along an essential journey Illinois must take toward better quality of life and improved academic outcomes for students.

The work described herein follows in the footsteps of important groundwork laid in the last few years by mental health experts across the state. One major piece of groundwork is the Blueprint for Children's Behavioral Health Transformation report, which was released by the Children's Behavioral Health Transformation team of the Office of the Illinois Governor in February 2023. It includes 12 recommendations to improve access to behavioral health services for children in Illinois. Recommendation No. 9 on page 35 states that universal mental health screening of students in education and pediatrics should be offered to identify students' needs earlier. Public Act 103-0546, which was filed by Senator Sara Feigenholtz, became law on August 11, 2023, and included a requirement that ISBE conduct a landscape scan of all school districts in Illinois and release a report that includes recommendations for implementation of mental health screenings in schools for students enrolled in kindergarten through Grade 12.



This report is a description of ISBE's landscape scan activities and includes detailed discussion on four ensuing recommendations:

1. Illinois should undertake a phased approach to universal mental health screening of all K-12 students enrolled in public school districts. Universal mental health screening of all K-12 students means mental health screening of every student in every grade enrolled in a school district each year.

2. ISBE, in consultation with relevant stakeholders, should compile and organize resources to support school districts in improving the mental health culture and climate in schools and reducing the stigma related to screening, referral, and participation in mental health services.

3. ISBE, in consultation with relevant stakeholders, should release guidance about (1) mental health screening tools available for school districts to use with students and (2) associated training for school personnel.

4. ISBE should oversee a process of model policy development with relevant stakeholders that supports school districts in implementing universal mental health screening of students.

This report was prepared by ISBE in consultation with Chapin Hall (an independent policy research center at the University of Chicago) and the Illinois Department of Public Health. ISBE is extremely grateful to Dr. Dana Weiner, the Children's Behavioral Health Transformation Initiative team, and Chapin Hall for the months of collaboration that resulted in this landscape scan and recommendations report.

Introduction

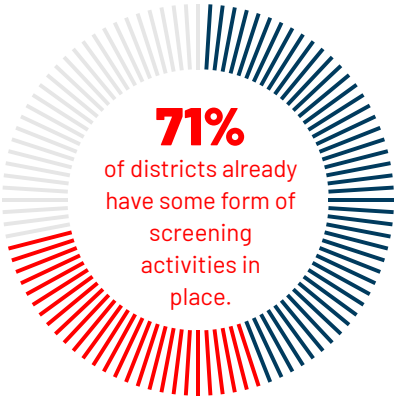
In Illinois, we understand that our students' academic success is deeply intertwined with their social and emotional well-being. Brain science tells us that students need to feel safe, valued, and have a sense of belonging at school to learn (McGaugh, McIntyre, & Power, 2002). Detecting problems early is fundamental to nurturing success in school that leads to resilient and thriving communities. One method of early detection is universal mental health screening of students in schools. This report will explore current screening practices to inform initial recommendations regarding such screening in Illinois public schools.

U.S. Surgeon General Vivek Murthy declared a youth mental health crisis in 2021. That same year, the Centers for Disease Control and Prevention reported 44% of high school students responding to a survey said they persistently felt sad or hopeless during the last 12 months (Jones, S., Ethier, K., Hertz, M., DeGue, S., Le, V., Thornton, J., Lim, C., Dittus, P., & Geda, S., 2022). A more recent survey of over 5,000 students in Grades 4-12 in Illinois indicated that students self-identified emotional regulation as an area of need (Daruwala, Pan, Shramko, Salinas, Ramesh, & Jiang, 2023). Data tell us that we need to do more to provide students with support and intervention for their mental health and social-emotional well-being.

In the midst of all that we know about the youth mental health crisis, ISBE is working every day to ensure that districts and schools have what they need to create safe school environments and promote students' mental health, including our work to implement recommendation No. 9 on page 35 of the Blueprint for Children's Behavioral Health Transformation report released in February 2023 by the Children's Behavioral Health Transformation team of the Office of the Illinois Governor. This report will focus on that work and its connection to overcoming some of our state's current mental health challenges and promoting resilience for all students.

Under the intervene earlier set of strategies in the Blueprint report, it was recommended that universal mental health screening of students in education and pediatrics be offered to identify students' needs earlier. To begin implementing this recommendation, ISBE conducted a landscape scan of all school districts and their current mental health screening practices during the summer and early fall of 2023 pursuant to Section 2-3.196 of Public Act 103-0546 (Please see Appendix 1.) Findings from this landscape scan generally show that our state is well on its way to phasing in universal mental health screening already, as we found that over a quarter of school districts already conduct universal mental health or social-emotional learning (SEL) screening for their students, and

71% of the districts have some form of wellness screening activities. However, these screening activities vary significantly by district size and geography – large districts are more likely to implement universal screening, with half of districts currently implementing universal screening located in the Chicago metropolitan area.



The following sections will explain the methods used during the landscape scan, expand on the findings of the scan, and describe ISBE's subsequent recommendations for the path forward.

Landscape Scan Methodology

ISBE consulted with stakeholders during the spring, summer, and fall of 2023 and worked closely with the Children's Behavioral Health Transformation team, Chapin Hall, and the Illinois Department of Public Health (IDPH) to conduct a landscape scan of the current practices school districts and school entities employ regarding mental and behavioral health screening of students. Additionally, this effort gathered data exploring the field's perceptions about the benefits and challenges of universal screening. ISBE appreciates our collaboration with IDPH, as it offers a public health perspective regarding the screening process. The Children's Behavioral Health Transformation team and Chapin Hall have provided immense amounts of support for the entire body of work behind the landscape scan and ensuing recommendations, including administrative coordination, project management, data analysis, and assistance writing this report.

ISBE ensured that all voices were heard throughout the landscape scan process, with the primary participants being teachers, principals, superintendents, and school mental health providers (such as social workers, counselors, psychologists, and other staff). Illinois has 852 school districts and 3,840 schools, serving 1.9 million students. There are 134,896 full-time teachers and 13,214 school administrators (Illinois State Board of Education, 2023). The landscape scan included two elements: a feedback form distributed electronically to all school districts and in-person and virtual listening sessions. ISBE created a Mental and Behavioral Health Screening webpage and a dedicated email address to assist in communicating about the various components of this scan and to ensure that we could receive feedback from a broad array of stakeholders.

The feedback form data collection was managed internally at ISBE; participation by entity was optional. The form was released to 903 entities (all public school districts, Regional Offices of Education [ROEs], Intermediate Service Centers [ISCs], and state-authorized charter schools) on June 8, 2023, and closed on September 8, 2023. A copy of the form's questions is available in Appendix 2. It was electronically available on the ISBE Web Application Security (IWAS) system, which pushed it out to each district superintendent, who could then complete answers or assign someone else in their district to answer the questions. ISBE communicated about the opportunity to fill out this feedback form regularly via social media channels, the state superintendent's column in the ISBE Weekly Message, and via targeted emails to ROE/ISC superintendents and district superintendents. ISBE sent weekly reminders to all entities that had not yet completed the form using an IWAS Broadcast message. A total of 649 entities responded for the form, including 618 school districts, 23 ROEs, and eight charter entities representing 98 of the 102 counties in Illinois. Sample validation information is listed in Appendix 3. The state's two largest districts – Chicago Public Schools and Elgin U-46 – did not respond to the form; however, Chapin Hall interviewed these entities individually to ensure their voices were included in this report.



Flyer advertising the Landscape Scan Listening Session in Marion, IL hosted by SEL Hub 6.

The questions used on the feedback form were developed by the project team after consultation with the Illinois Association of Regional Superintendents of Schools (IARSS). ISBE presented this project to IARSS members at an in-person roundtable discussion on May 10, 2023, in Springfield to gather input and feedback before beginning the landscape scan data collection activities. IARSS members listened to ISBE staff explain plans for the landscape scan and offered feedback and advice about how to reach the most school personnel in their areas and what questions on the form would garner the most meaningful feedback. The results of the feedback form were shared with Chapin Hall once the form closed for data analysis. The data analysis of the feedback form data began by gathering additional district characteristics from the ISBE 2022-2023 Report Card that were then linked to the landscape scan data to supplement the information. A statistical analysis was conducted using Stata version 17. For categorical or ordinal characteristics (e.g., district size), the Chi-Square test of independence was used. For numeric characteristics (e.g., percent low-income), Analysis of Variance, or F-Test, was used to determine statistically significant differences. These tests are appropriate for determining whether there is a statistically significant association across categories.

The second element of the landscape scan was the listening sessions, which were managed through a research project overseen by Chapin Hall. These listening sessions were considered to involve human subject research with vulnerable populations, so we sought approval from an Institutional Review Board (IRB) under Principal Investigator Dr. Dana Weiner. The University of Chicago's IRB approved our research protocol, IRB23-1037, deeming it as involving minimal risk to participants. In accordance with IRB recommendations for how to best protect the privacy of participants, the listening sessions were not recorded, and we did not collect identifying information. We took detailed notes and de-identified them before analysis.

Chapin Hall, with support from ISBE, invited school personnel, parents/guardians/caregivers, community members, and students to the 13 listening sessions. The seven Social-Emotional Learning Hubs in Illinois, which are housed within Chicago Public Schools and six Regional Offices of Education, helped us to host many of the sessions around the state. The SEL Hubs provide professional development, training, and support to districts in their region to establish and expand SEL programs in Illinois schools. They were an excellent partner in ISBE's efforts to learn more about mental and behavioral health screening, which is closely tied to social-emotional learning.

Figure 1 includes a table indicating the date, host, format, target audience, and attendance of each listening session. Our scan reached 557 individuals via listening sessions. Appendix 4 includes a copy of the questions and prompts used to frame the discussion at the listening sessions, as well as a copy of the information provided at each session about the purpose of the activity and the need for participants to consent to participate. A slide deck was used at each session to cover this information, and copies of all slide decks and session flyers are available for review on the ISBE Mental and Behavioral Health Screening webpage.

Chapin Hall and ISBE were especially honored to hear from 30 students serving on two state agency advisory boards as part of this landscape scan. Some of these students serve on the Illinois Department of Children and Family Services (DCFS) Youth Advisory Board. This board has a mission to educate, advocate for, and empower all youth in care. Meetings are open to all youth in care and provide a forum for young people in care to address concerns, receive free and valuable resources, hear about changes within the department, and gain access to opportunities to learn more about policies and procedures that are relevant to them. The other students who participated in our second youth listening session make up the ISBE Student Advisory Council, which is a statewide group of high school students that meets periodically over a 10-month period throughout the school year to provide ISBE with student perspectives related to educational concerns across the state. The members are selected after participating in an application and interview process. The importance of the voice of those most closely impacted by the topic of this project – our students – was essential for us to hear and will continue to be a critical component of this work as recommendations are moved forward.

Figure 1. Listening session attendance by location

2023 Date	Host	Format	Target audience	Attendance
7/18	Area 2 SEL Hub (Northwest Illinois)	Virtual	School personnel	39
7/25	Area 5 SEL Hub (Metro East)	In-person in Collinsville	School personnel	145
7/26	Area 6 SEL Hub (Southern Illinois)	Hybrid in Marion	School personnel	40
7/27	Area 4 SEL Hub (Central Illinois)	In-person in Champaign	School personnel	15
7/31	Area 3 SEL Hub (West Central Illinois)	Virtual	School personnel	75
7/31	Area 1 SEL Hub (Chicago Metro)	Virtual	School personnel	46
8/2	Chicago Public Schools SEL Hub	In-person in Chicago	School personnel	10
8/4	Area 1 SEL Hub (Chicago Metro)	Virtual	School personnel	45
8/8	ISBE	Virtual	Parents/caregivers/ community members	41
9/8	DCFS Youth Advisory Board	In-person in Peoria	Students	12
9/20	ISBE (with Spanish interpretation)	Virtual	Parents/caregivers/ community members	41
9/26	Chicago Public Schools SEL Hub	Hybrid in Chicago	School personnel	30
10/10	ISBE Student Advisory Council	Virtual	Students	18
			Total	**557**



July 25, 2023 Landscape Scan Listening Session in Collinsville, IL hosted by SEL Hub 5

Chapin Hall coded the de-identified notes from the listening sessions using an inductive coding process. Eight major coding categories were determined by the feedback presented in the data, and four major themes were identified based on those categories. The qualitative results that follow in this report are based on these themes.

In summary, ISBE greatly appreciates the partnership that occurred with the Children's Behavioral Health Transformation team and Chapin Hall to administer both components of this landscape scan. Hearing the voices of so many across our state gives us confidence that the results and recommendations presented in further sections of this report represent a true picture of the state of mental health screenings in Illinois schools and the crucial elements of policy and practice to consider as this work moves forward.

Landscape Scan Results

The following sections will provide an analysis of both the qualitative and quantitative data collected as part of this project. We have organized the findings into four broad categories:

The

Current mental health screening practices in Illinois schools

The need for policy and procedural resources related to mental health screening

The value of mental health screening of students in schools

One of the most prominent messages that participants expressed to us in the listening sessions was that students and schools have a lot of unmet needs related to mental health support and services that require attention. One student said that, ever since COVID-19, mental health issues have been at an all-time high, confiding that one of their peers had recently died by suicide, which had a traumatizing impact on the entire school body. One school administrator reported that one in five students in their school had suicidal ideation in the past six months to a year. School personnel further report many of their students are experiencing difficulties with self-regulation in the classroom and exhibiting aggressive behavior toward teachers and students alike, creating challenging learning environments.

The students we heard from in the listening sessions passionately expressed their desire for their peers and themselves to get the mental health care they needed. One student noted that everyone is going through something, and being able to talk about one's feelings helps enormously to alleviate the loneliness and fear that so often accompanies mental health challenges. This care and concern was echoed across adult listening sessions, where at times emotions ran high as school personnel talked about the individual cases of struggling students that they will never forget and wished they had known about sooner.

School personnel reported that they do their best to identify which students need mental or behavioral health support so that they can cultivate the most safe, productive learning environments possible. They said that, while some students' mental health needs are apparent without the use of a screening tool, screening is especially helpful in identifying students whose mental health needs might not be obvious from their behavior. A mental health coordinator reflected that students with externalizing behavior make themselves known, but the benefit of screening is that it helps identify students with internalizing symptoms. Several students lamented that, in general, students with good grades were less likely to get mental health support even though many of them were experiencing high levels of stress, anxiety, and other symptoms. They said that their schools use academic performance as an indicator of mental health need, but that metric excludes a large portion of high-achieving students who need mental health support.

Additionally, schools reported that universal screening allows for proactive intervention in mental health concerns. School personnel said that screening helps identify which students may benefit from increased supports and what interventions are needed at the student body level. The results of mental health screening tools also help schools assess need, evaluate practices, and advocate for more support. One school social worker noted the importance of data from screeners, saying that the administration needs to be able to use data from screeners to determine future plans for support and resources. We heard from many entities who are already employing the practice of universal screening that the aggregate data provided by results was extremely helpful to them in obtaining additional resources, strategic planning and school improvement efforts, in addition to those efforts aimed at individual or small groups of students.

Findings about the value of screenings are echoed in the literature. Studies have indicated that traditional approaches to mental health screening in schools often operate reactively, addressing issues after they've escalated. By focusing primarily on individual students, they might miss the broader picture or fail to catch problems early enough for effective intervention (Dvorsky, Girio-Herrera, & Owens, 2013). Universal mental health

screening in schools, on the other hand, can be a valuable tool for identifying students who may need additional support and is a fundamental aspect of a multi-tiered approach to mental health in schools, where interventions are tailored based on the students' needs (Siceloff, Bradley, & Flory, 2017). Despite the advantages of universal mental health screening, studies also point to number of challenges, including access (Dowdy, Ritchey, & Kamphaus, 2010); capacity (Glover & Albers, 2007); budget (Splett, Fowler, Weist, McDaniel, & Dvorsky, 2013); personnel (Siceloff et al., 2017); tools (Humphrey & Wigelsworth, 2016); and stigma (Castro-Ramirez et al., 2021; Mulfinger et al., 2019).

The discussion of the value of mental health screenings in our listening sessions did not occur in isolation from mention of current challenges facing schools, especially related to capacity. The current workforce shortage compounded with the student mental health crisis has created a perfect storm that has led to insufficient resources and high workloads for teachers and school staff, many of whom expressed exhaustion and said it is a challenge to manage their own mental health. Some districts say that incorporating mental health screening in schools would go so far beyond their capacity that it would not be possible for them in their current state – suggesting that implementing universal screening right now might be problematic. Many schools report struggling to support their students in even getting their basic needs met. One administrator told us that her district has some students who can't even get to school because there aren't any buses.

These themes regarding a lack of resources are supported by other recent Illinois reports. School support staff refers to staff who have a Professional Educator License with a particular endorsement from ISBE in school social work, school counseling, school psychology, school nursing, or school speech-language pathology. In the fall of 2022, IARSS reported that for the 2022-23 school year, 42% of school support staff positions posted went un/underfilled. "Among support staff positions, School Social Worker had the most un/underfilled positions and School Psychologist had the highest percent un/underfilled" (IARSS, 2022). This data does not reflect those who may be working in schools to support student mental health through another state license (such as one from the Illinois Department of Financial and Professional Regulation) or through community mental health partnerships with schools, but it still indicates quite a shortage.

A recurring theme in the listening sessions was that capacity support needs to go hand-in-hand with any policy to offer universal screening. Otherwise, participants emphasized, the mental health of teachers and school staff will suffer as a result. Overall, our listening session findings combined with the national landscape of a youth mental health crisis point to the need for growing interventions that detect problems earlier, such as mental health screenings; however, we learned that any growth in screening activity should be implemented in alignment with resources to respond to identified needs.

The importance of the culture and climate surrounding mental health in schools

We learned via our listening sessions that the culture and climate regarding mental health significantly impacts Illinois schools' ability to successfully implement and sustain screening practices in order to meet the needs of youth, and there are strategies in place that can work to reduce fear, shame, hesitancy, and stigma.

A resounding message that we heard in the listening sessions was that mental health issues impact nearly every student — if not directly, then indirectly. However, frank and candid conversations about mental health in school and community settings can be limited by a culture of fear and shame surrounding mental health. Students expressed dismay at the compounding cycle of silence that discourages them and many of the adults in their lives from discussing mental health concerns. In fact, students shared that many of their peers do not have a robust vocabulary for talking about how they are feeling due to the lack of education about mental health in general.

We heard from participants in the listening sessions that schools are working to create a culture and climate where students can feel safe expressing their true feelings and struggles, and mental health screening is a strategy that many schools use to promote more open conversations about mental health. Mental health screening in schools could help break this cycle by engendering conversation and teaching students how to express their mental health needs in a safe environment. Students and school personnel alike noted that integrating universal mental health screening might help reduce stigma by normalizing conversations about mental health and aligning it with other routine screenings, such as vision or hearing. This balance between the current culture of mental health stigma and shame possibly hindering the screening process, along with the simultaneous possibility of addressing culture and climate through doing more screening, was very interesting to hear.

The listening session participants also told us about several creative strategies for addressing fear and shame surrounding mental health conversation. Students told us about several ways that their peers offered environments of solidarity that significantly reduced the fear and hesitance that students felt in expressing their mental health concerns. For example, one student described a weekly peer-led mental health curriculum that cultivated an attitude of "we're in this together" and allowed for seniors to set good examples of resilience for the freshmen. Another student referenced a peer-led listening circle for students to share their experiences with mental health challenges. She said that this approach works well because students can empathize with their peers who are going through similar experiences.



July 27, 2023 Landscape Scan Listening Session in Champaign, IL hosted by SEL Hub 4.

Students also told us about ways that teachers and school administrators developed programing that would account for students' dual desire to express their feelings and seek help while maintaining privacy. For example, one student spoke about a teacher who taught acceptance about mental health

issues. This teacher offered her students private opportunities to reflect on their own mental health states and seek help in a confidential way. Another student reflected on the benefit of a free period in their school day when students could go into their social worker's office at a time of day when there were fewer students in the hallway. The success of such practices demonstrates the need for screening procedures that respect students' needs for privacy and discretion.

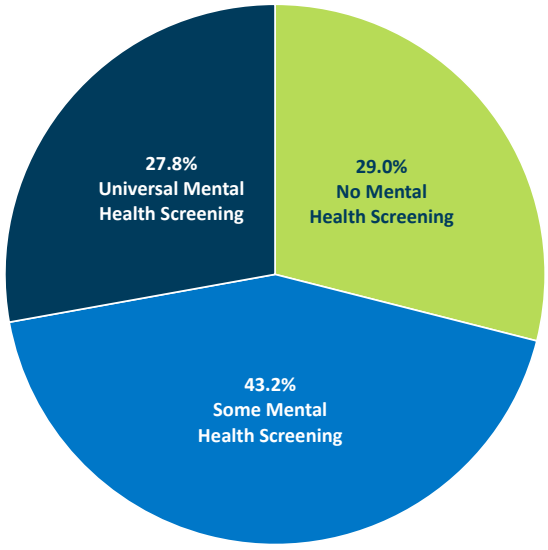
Despite these challenges, it is clear from this scan that teachers, school social workers, and other school staff are working relentlessly to meet the mental health needs of their students with what resources they do have. Some schools have developed creative arrangements for offering educational programming or mental health services, including resource-sharing between schools, peer support programs, and partnering with community-based mental health organizations.

We heard that many districts are utilizing existing pandemic relief dollars and ISBE Learning Renewal programs to support mental health and wellness. However, many listening session participants noted that these funds will expire in September 2024. Two programs supporting school mental health efforts were identified by several participants: the Resilience Education to Advance Community Healing (REACH) Statewide Initiative and the SEL Hubs. The REACH program is an evidence-informed framework that provides educators with tools to support the resilience and well-being of their students and staff through a deep partnership with the SEL Hubs. Together, both programs provide schools a framework for fostering resilience through a needs assessment and action plan.

To begin explaining our findings about current screening practices in Illinois, we want to make an important note about language: The Blueprint report and its ensuing legislation required ISBE to do a landscape scan about universal mental health screening of students. To clarify the definition of such screening, our scan activities pointed participants to specific definitions of mental health, behavioral health, screening, and assessment. (These definitions are listed in Appendix 2 at the top of the feedback form questions.) Further, we knew that many districts utilize screening tools that are categorized as social-emotional screeners, so we included popular social-emotional learning screening tools in the feedback form to capture the use of those tools in our scan. Our results, which will be described in the next section of this report, point to a mix of screening practices across the state. Some districts are using purely mental and behavioral health screening tools, some are using SEL screening tools, and many told us they use more than one from both categories. SEL is an important foundational component to the overall health of a school and can be woven into instruction depending on the needs of a particular district. The results of an SEL screener may point to the need for further follow up on mental or behavioral health issues but also may not ask directly about mental or behavioral health symptoms that are critical to know about detecting problems early. Further discussion about this is captured in Recommendation No. 3 regarding the next steps needed to move Illinois schools forward in their use of screening tools. When we use the terms mental health screening tool or screener throughout this report, we are talking about tools that fall into mental health, behavioral health, and social-emotional learning categories.

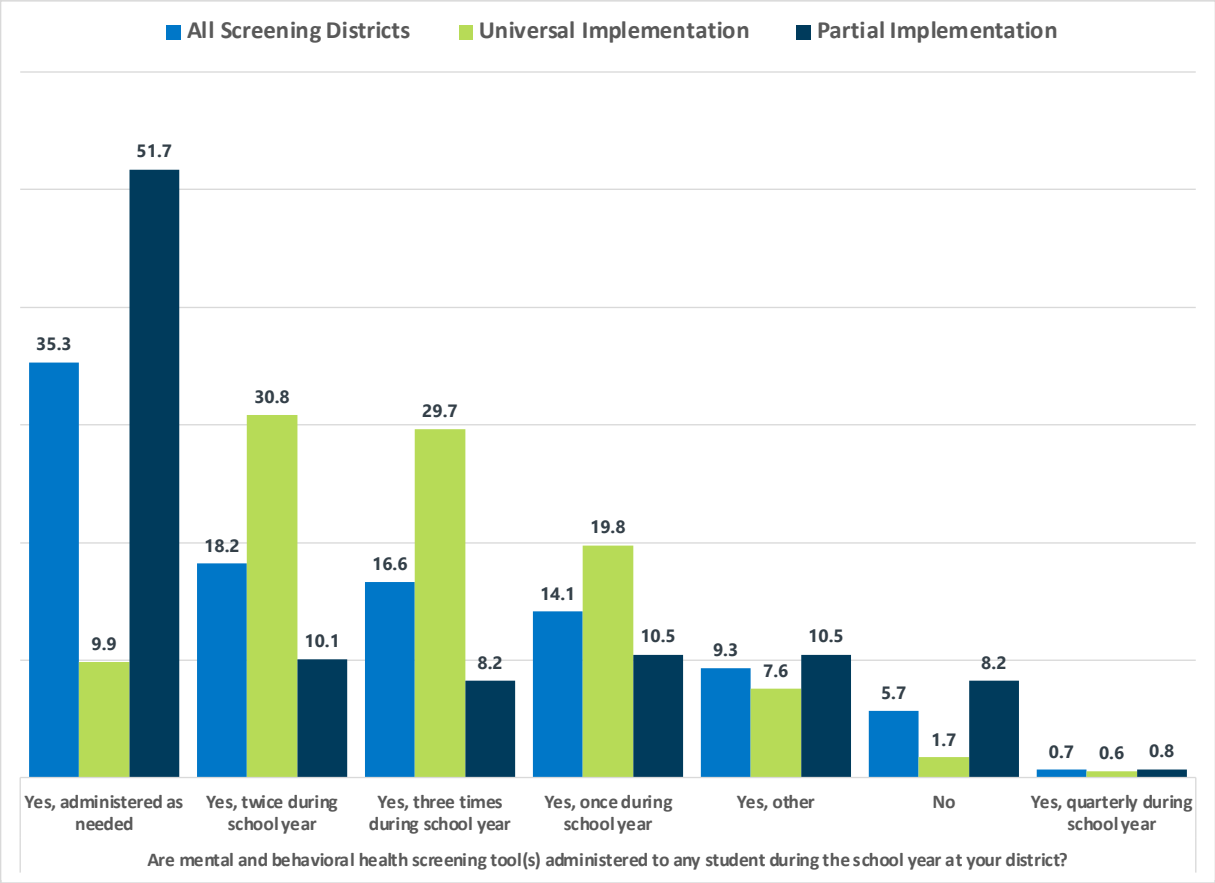
We learned from the feedback form sent to all 903 districts, ROEs, ISCs, and state-authorized charter schools that a considerable proportion of school districts in Illinois recognize the importance of mental health screening and are taking steps to address the mental well-being of their students, either through universal screening or targeted efforts. A total of 649 entities responded for the form, including 618 school districts, 23 ROEs, and eight charter entities representing 98 of the 102 counties in Illinois. Just over a quarter of school districts in Illinois (27.8%) reported that they are implementing mental health screening with all of their students. Furthermore, an additional 43.2% of the districts that responded to the feedback form reported offering screening to some of their students (Figure 2).

Figure 2. Mental Health Screening Status in Illinois School Districts



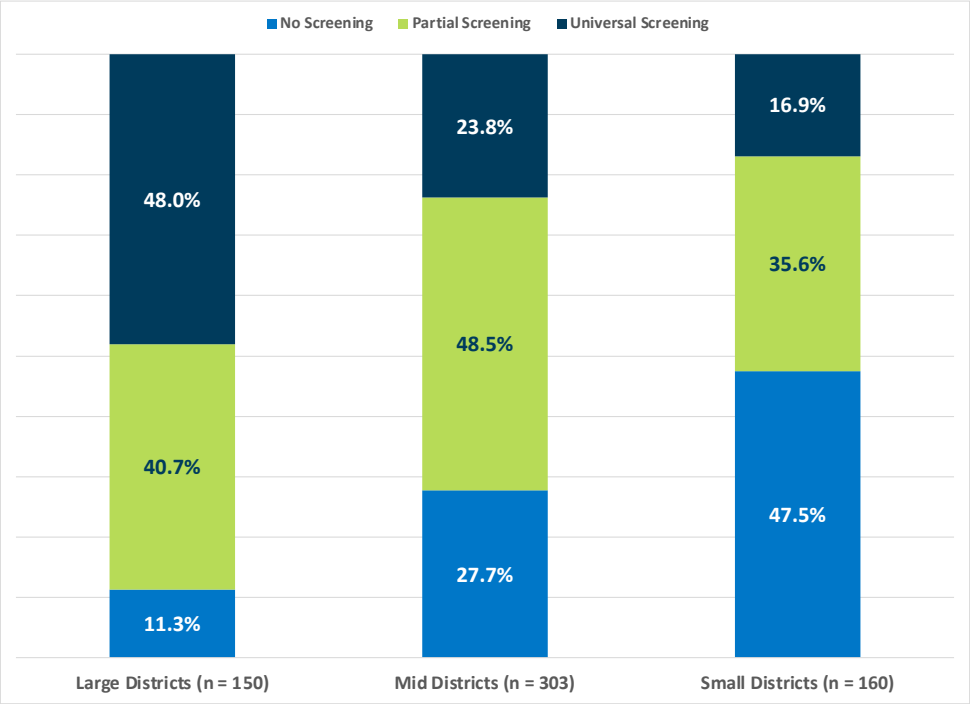
We learned that the frequency of administration significantly varies by implementation status. Nearly two-thirds of those districts implementing universal screening administer screening two or three times per school year, whereas approximately half of those districts with partial implementation administered "as needed" (Figure 3). Annual administration was relatively low compared to multiple administration or "as needed" approach, and quarterly administration was extremely rare.

Figure 3. Frequency of Mental and Behavioral Health Screening by Implementation Status (in percent)



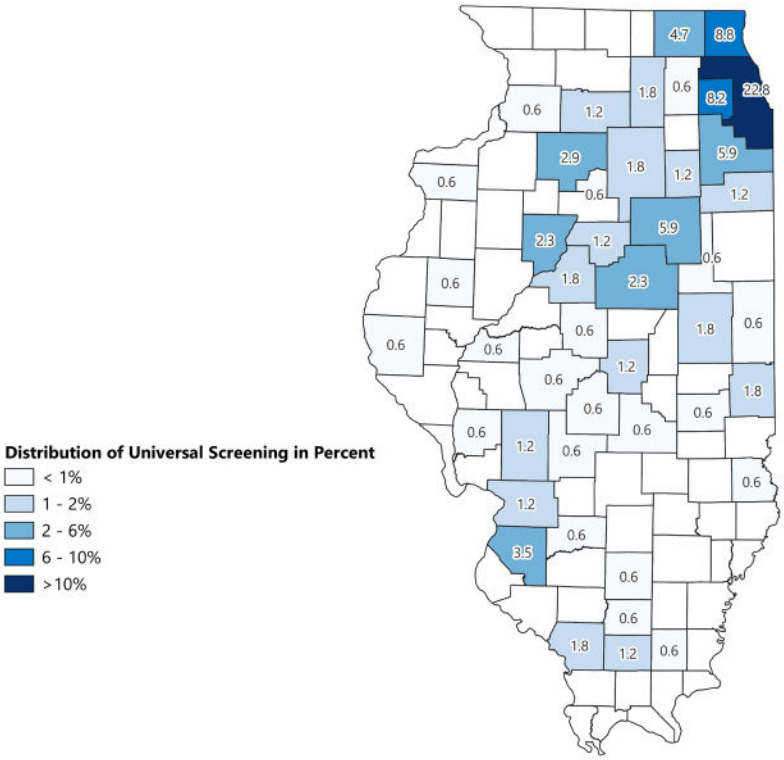
Our results indicate significant variation in the implementation of mental health screening activities based on the size of school districts: Larger school districts are more likely to implement universal mental health screening, while a higher percentage of small school districts do not have any screening activities in place. Mid-size districts fall somewhere in between (Figure 4). It is important to note that the two largest school districts in the state (Chicago Public Schools and Elgin U-46) did not submit the landscape scan feedback form. . To ensure we received their input, we met with both districts individually as part of this scan. Both districts indicated partial implementation, which raises the possibility that the survey result regarding the higher likelihood of universal implementation among large school districts may be inflated.

Figure 4. Mental Health Screening Status by District Size



The geographical distribution of school districts implementing universal mental health screening in Illinois, with a concentration in the Chicago metropolitan area (51%) and pockets of counties without any such programs in southern, western, and northwestern parts of the state, reflects possible disparities by urban vs. rural or population density (Figure 5). There are districts throughout the state with universal or partial screening activities, and we have highlighted four of varying size and geographic location as examples of district's current screening practices on the following four pages.

Figure 5. Distribution of School Districts with Universal Mental Health Screening (in percent)

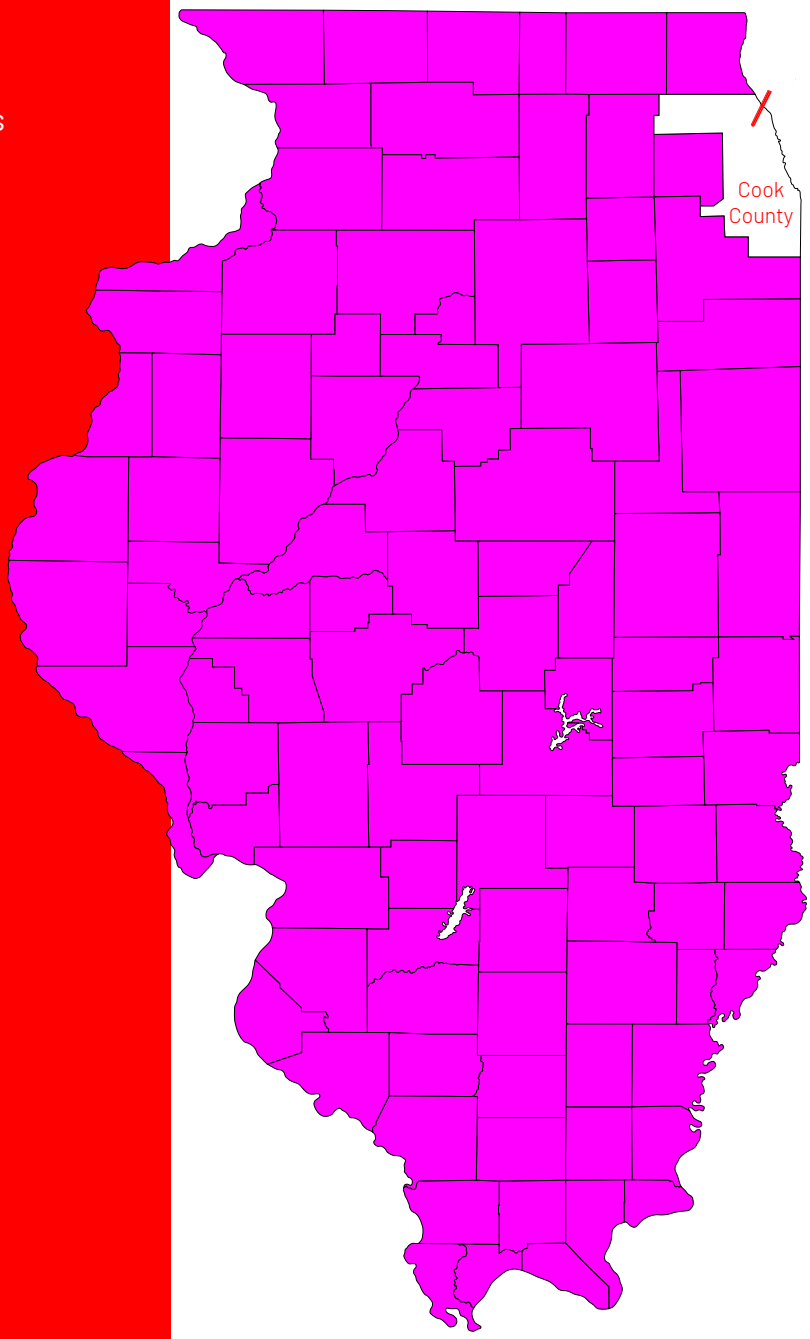


District Highlight

Skokie School District 69

schools serving PreK-8th grades

students enrolled

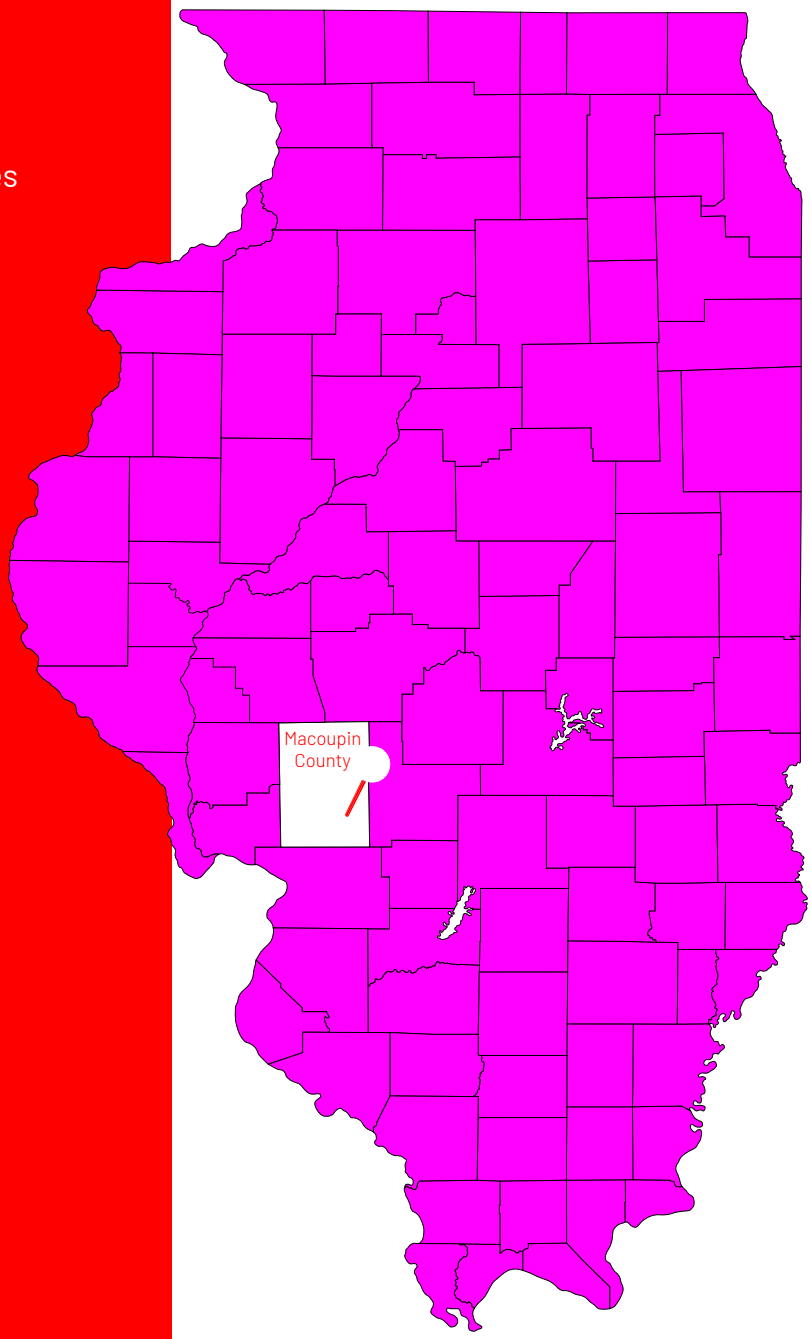


District Highlight

Mount Olive Consolidated Unit School District 5

schools serving PreK-12th grades

students enrolled

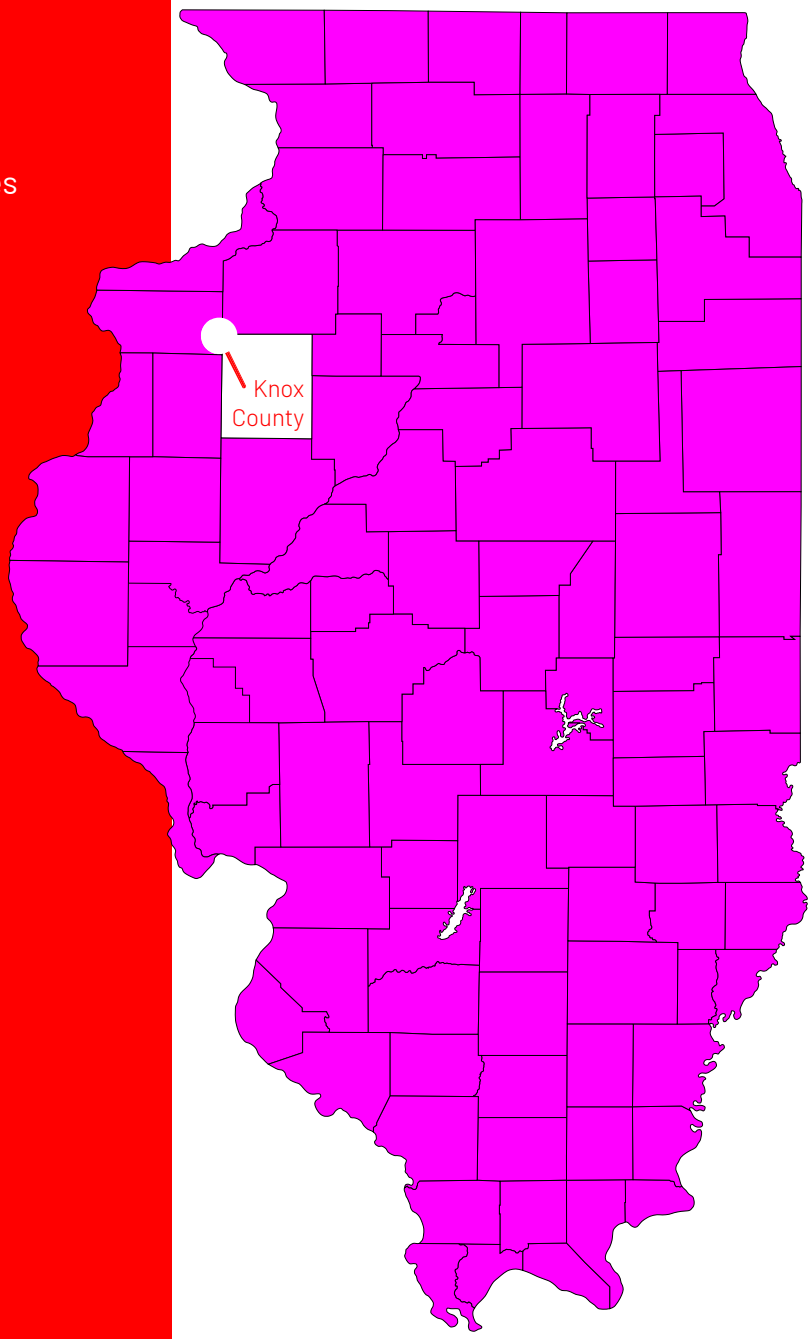


District Highlight

Galesburg Consolidated Unit School District 205

schools serving PreK-12th grades

students enrolled

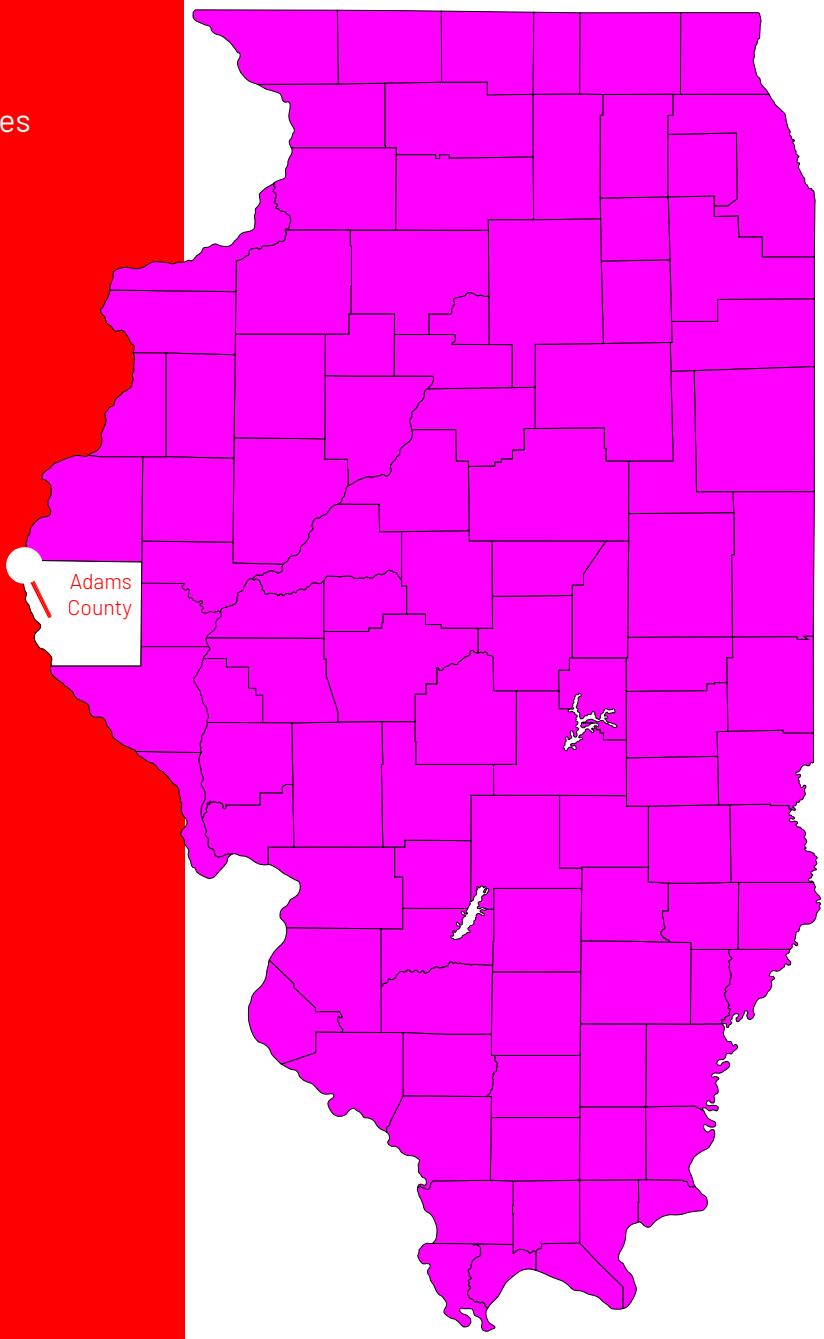


District Highlight

Quincy School District 172

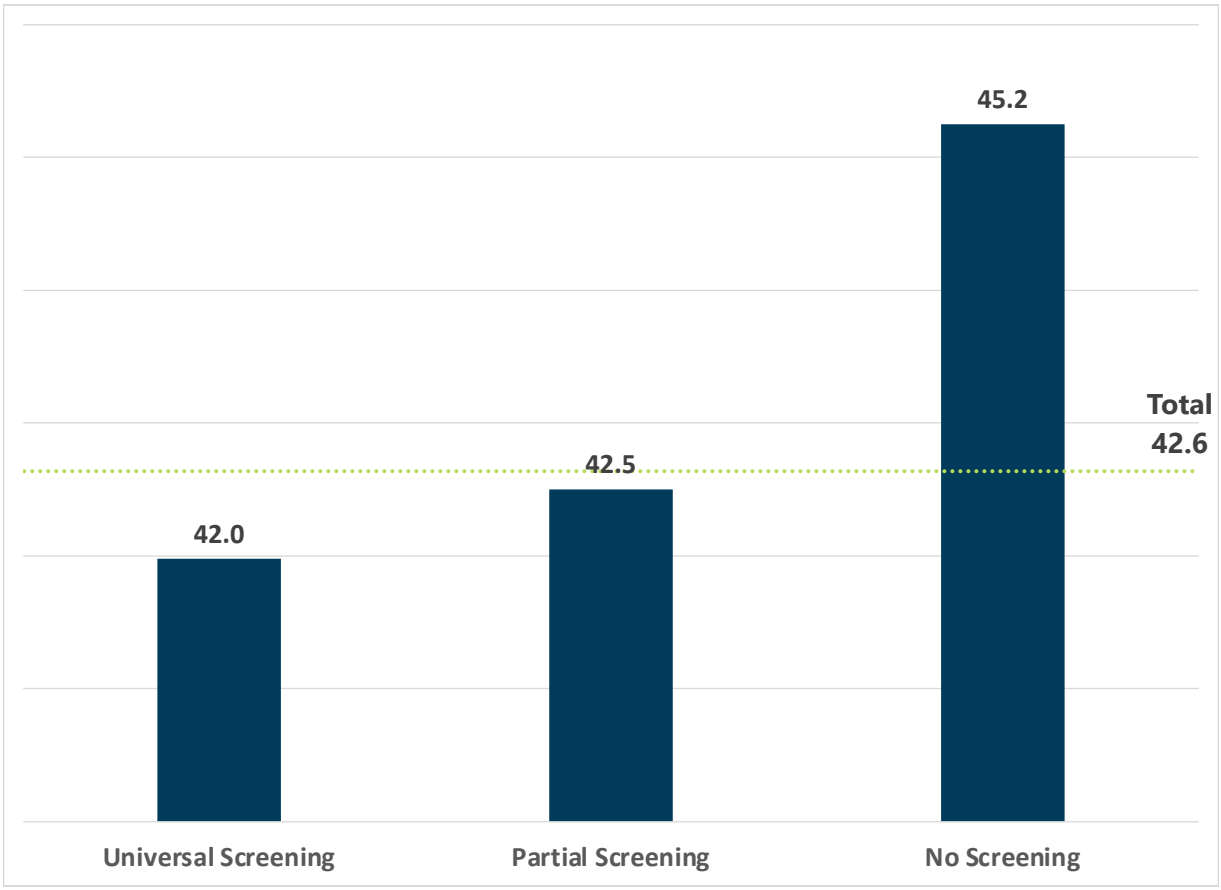
schools serving PreK-12th grades

students enrolled



In addition to geographic location, the feedback form data was analyzed considering socio-economic status across the state. Please see Figure 6. Comparison of the percentage of low-income students by screening status indicates there is no significant difference across screening activities (Figure 6). Despite there being no significant difference across screening activities, the percentage of low-income students may be underestimated in the survey sample. Low-income students are underrepresented in the landscape survey sample, with only 42.6% compared to nearly half (49%) of the students enrolled in the state being considered low-income. As the work of mental health screening of students in Illinois continues, more consideration is needed regarding equity in access to screening and ensuing mental health resources.

Figure 6. Percentage of Low-Income Students by Screening Status



The feedback form identified close to 40 screening tools used among school districts in Illinois through selections on a list provided or in written responses. Figure 7 displays the most widely used screening tools.[1] Some are useful for clinical diagnoses while others were developed to gauge risks for harm, including suicide. The identified screeners also included a number of social-emotional learning screening tools.

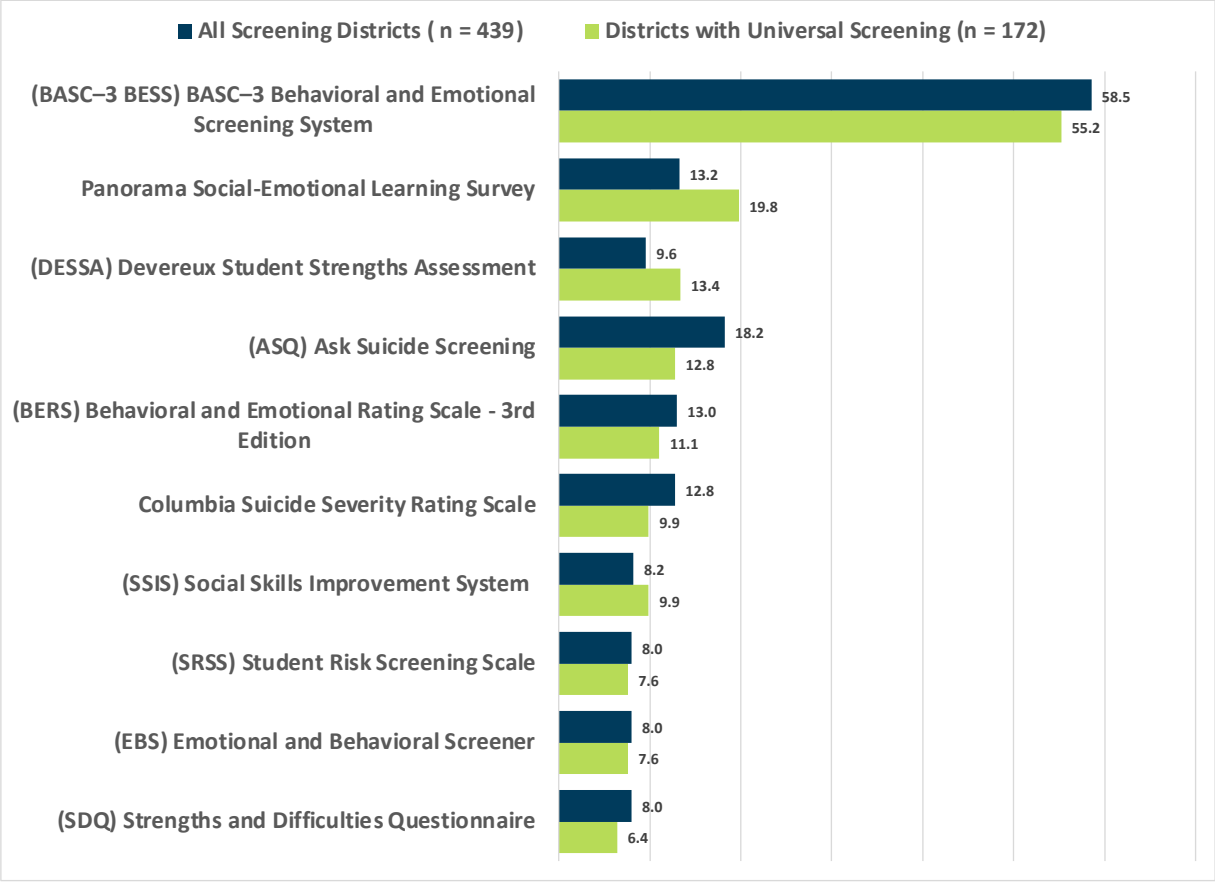
The most widely used screeners also varied in cost. Some on the list are free screeners developed by nonprofit organizations, government agencies, or academic institutions; they offer their tools without charge to promote widespread use and accessibility. Others on the list are licensed or proprietary screeners owned by publishers. These proprietary tools often come with additional features, technical support, and data management capabilities.

[1]Please note that nothing in this report constitutes a direct or indirect endorsement by ISBE of any screening tool or product. Any reference to screening tool names or products should not be construed as such. The names of the most widely-used tools are shared here for informational purposes only.

The Behavior Assessment System for Children-3 Behavioral and Emotional Screening System (BASC-3 BESS), an instrument designed to assist school personnel and other care providers determine behavioral and emotional strengths and weaknesses, was the most commonly used screening tool across all districts (58.5%) as well as among those districts implementing universal screening (55.2%). BASC-3 BESS also is known to be useful in the clinical diagnosis of disorders, such as attention-deficit hyperactivity disorder (ADHD), anxiety, and depression.

Unlike BASC-3 BESS, SEL screeners like the Panorama Social-Emotional Learning Survey are designed to measure various aspects of students' mindsets, behaviors, and attitudes, as well as their SEL competencies that are associated with success both in school and beyond the classroom.

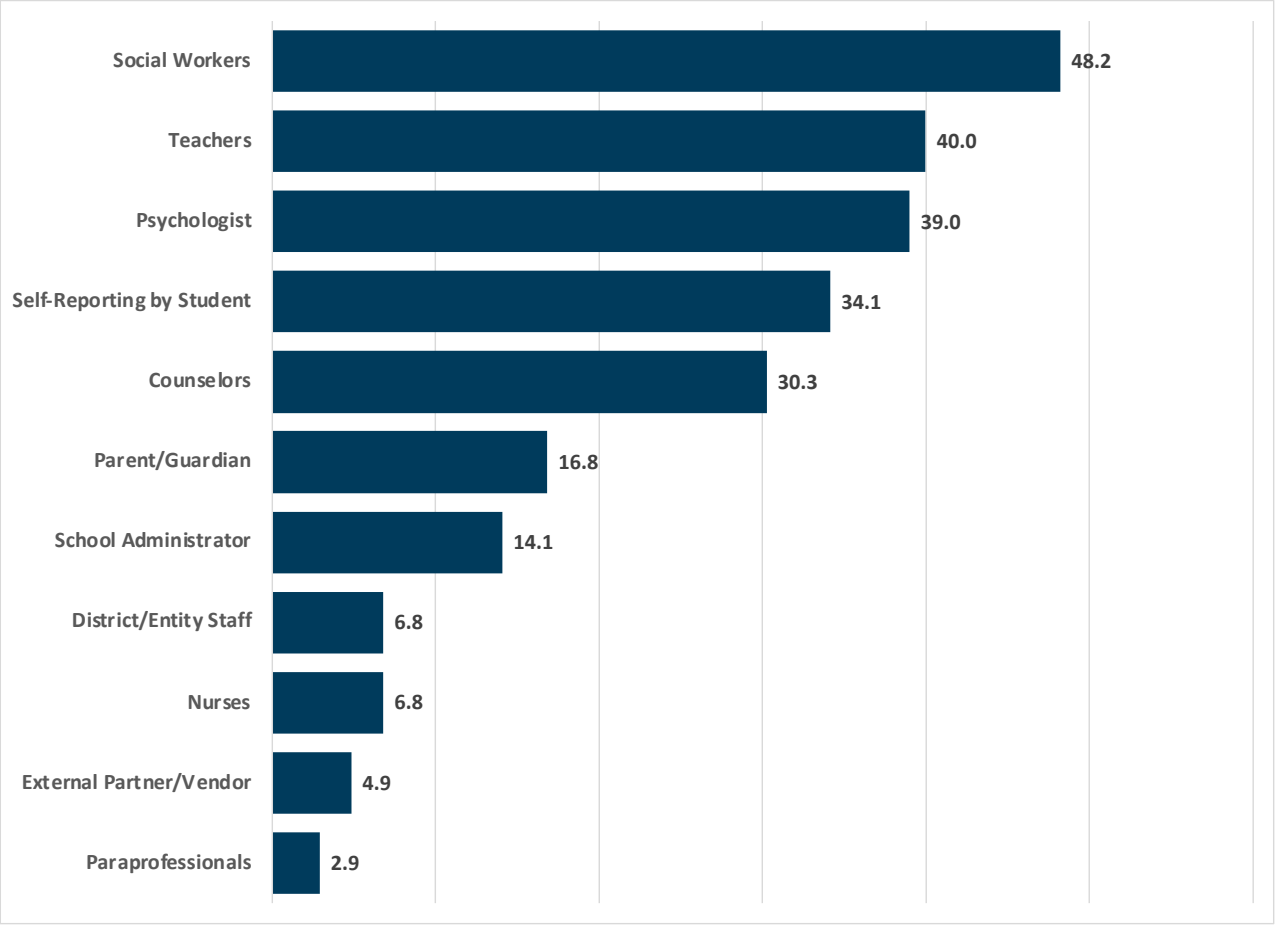
Figure 7. Most Widely Used Mental Health Screeners (in percent)



It is important to note that nearly half (47.2%) of those districts implementing screening use more than one screening tool. A small percentage (7.5%) of districts rely on five or more screening tools. The proportions of districts with multiple screening tools were not significantly different by implementation status.

Nearly half of the districts that indicated any screening activities also indicated that they rely on social workers (48.2%) to administer their screeners, followed by teachers (40%) and psychologists (39%) (Figure 8).

Figure 8. Personnel Administering Mental Health Screeners (in percent)



Consistent with the feedback form results, many school personnel expressed the need for increased mental health training. They said the lack of qualified mental health personnel meant that teachers and other school personnel are being tasked with managing student mental health now more than ever. However, many feel daunted and underprepared to address the serious and sensitive issue of students' mental health without having received professional education in this area. One participant said that a large part of her job now involves managing students' mental health even though she does not have the knowledge or skills to do so. She said that, for school personnel, it feels like they are trying to play catch-up with a problem that is already smacking them in the face. Many participants across listening sessions reiterated the need for training for all teachers and staff who interact with students — regardless of their involvement with the screening process — because mental health is such a prominent part of students' day-to-day experience and can have such a large impact on their ability to learn. Participants emphasized that training on how to recognize symptoms of mental health challenges — namely internalizing symptoms — is especially critical for school personnel who administer screeners for young children who cannot complete the screeners on their own. The training needs that were raised include the use of the tools, response to crises, vocabulary for discussing and normalizing needs, and help-seeking. Participants in the listening sessions emphasized that training is important for all staff who administer screeners so that they are being implemented in a consistent, reliable way.

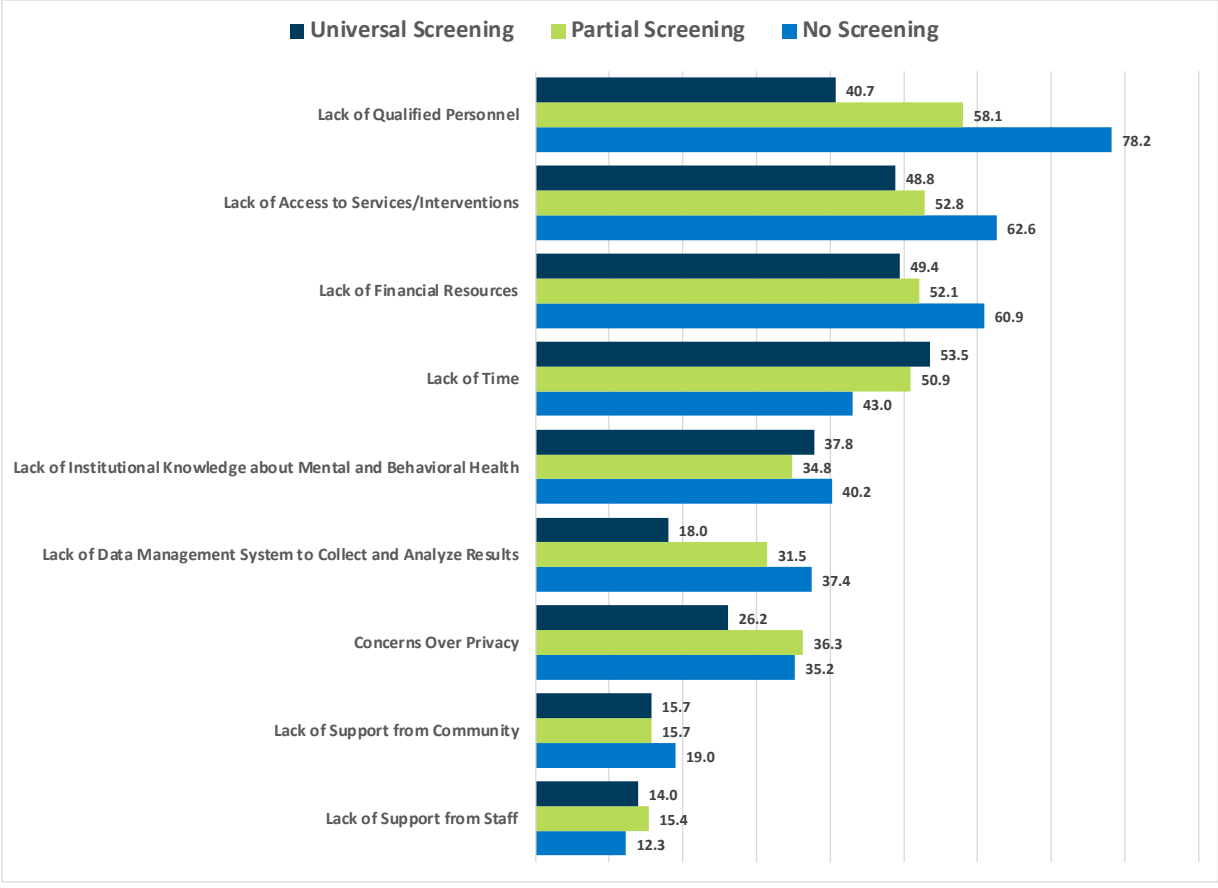
We also learned via the feedback form that implementing mental health screening can be challenging for school districts due to various factors, including personnel, access to services, budget limitations, and time constraints

(Figure 9). The specific challenges can vary depending on the district's current screening practices. About 80% of districts that have no screening activities identified a lack of qualified personnel as their most frequently mentioned barrier, which suggests a struggle to find or employ individuals with the necessary expertise to conduct mental health screenings. The second most common barrier for these districts was a lack of access to mental health services or interventions, with 62.6% reporting this as a challenge. Financial resources were also a significant challenge, with 60.9% of districts reporting a lack of financial resources as a barrier.

Among the districts reporting no current screening activities, 80% reported a lack of qualified personnel as a barrier to universal screening.

The biggest barrier for districts that were implementing universal screening was a lack of time, with 50.9% indicating this as a challenge. The second most common barrier for these districts was a lack of financial resources, with 49.4% reporting this issue, followed by lack of access to mental health services or interventions (48.8%).

Figure 9. Barriers and Challenges to Implementing Universal Mental and Behavioral Health Screenings in Schools by Current Screening Status (in percent)



Many Illinois schools are already implementing mental health screening to some extent, but variability in school resources; access to community mental health services; and school size, culture, and location have contributed to a significant amount of diversity in schools' screening practices. The results of the landscape scan show that schools fall along a broad spectrum of screening practices and readiness, and it highlighted the importance of meeting schools where they are to avoid causing undue strain.

The need for policy and procedural resources related to mental health screening

Any large initiative impacting a school system needs support from policies and procedures at all levels, as well as opportunities for educators, parents/guardians, and students to learn about changes and new practices. We heard three specific themes pertaining to the practice of screening at a school –communication to internal and external stakeholders about screening, confidentiality of screening results, and reliable screening follow-up – all of which point to a need for strong policies and procedures alongside of practice.

Regarding communication with stakeholders, listening session participants highly recommended increased parent communication and education campaigns to address mental health stigma about screening students. One school administrator said that some parents feel that schools are overstepping by screening students, saying that parents know there are mental health needs but that they do not want the schools to intrude in this area that they see as private to the family sphere. We heard that parents have objected to some of the questions included in the screeners, and many are wary of the potential for private information about their child to be shared without their knowledge. School personnel noted that there are a lot of misconceptions about what the screeners entail and how the data are used, so clarifying the details in communications outlined in school board policies about the screening process would likely reduce concerns. This includes communications and transparency from school districts about the issue of parental consent to participate in screening. A strong policy and written procedure for communicating with families and communities about the use of universal screening will not solve or allay the fears of every single stakeholder, but they may go a long way in helping to raise awareness of the purpose, benefits, and plans related to screening of students.

Along the same lines, communication beyond policies in the form of educational campaigns for families and communities may support the implementation of screening. Participants suggested student registration as an opportunity for parent/caregiver education on these topics. Several participants reported that parent and community education helped ease pushback because it made parents feel like screening practices were not happening behind their backs. In addition, we heard listening session participants note that pulling parents and community members into conversations about the screening process and plans would likely ameliorate some of the stigma because it would increase conversation about student mental health, provide opportunities for feedback, and increase trust overall.

School personnel, parents, and students cited confidentiality and privacy concerns about screening. Listening session participants emphasized that trust is a key component to the success and reliability of screening at all stages of the process. Students and families need to trust that the personal information they share in the screening process will be kept confidential. One school staff member pointed out that even a teacher talking about a concern over a student's mental health with another teacher might be viewed as a breach. Thus, many school personnel expressed the need for screening practices to be accompanied by specific policies pertaining to data confidentiality and privacy, and training about those policies. Consent to participate in screening as well as the opportunity for parents or students to opt-out of the process were raised by several listening session participants.

These listening session participants said that data sharing and storage of mental health screening results needs to be carefully considered to ensure that the storage system is secure and that only authorized personnel have access to the data. Additionally, school personnel said that it would be helpful to have clear plans in place so that

students and families know exactly what they are consenting to do when filling out a screening tool. One student said that if she had any doubt at all about whether or not her responses on a screening tool were going to be kept confidential, she would not be honest in her answers.

Finally, we learned about the need for a clear written policy about the plans for follow-up after screening. We heard participants cite that families need to know the procedure and plan for after the screening is administered to trust that it is worthwhile for them to share this information with schools. School personnel also expressed much care and consideration in thinking about how best to manage students' screening results so that they can respond with the appropriate services. Many schools said that analyses of screening results were helpful in evaluating the school's current mental health programming and identifying which students could benefit from additional support. We heard that properly trained individuals and a larger team are necessary to not only deal with individual follow-up on the day of the screening administration if concerns arise, but also follow-up may be needed on a systemwide level — and all of this should be outlined in a written plan.

In conclusion, ISBE learned a great deal from the landscape scan across these four themes, and we want to extend our gratitude and thanks to all of those individuals who participated – whether by filling out a feedback form or attending a virtual or in-person listening session. Information was shared and your concerns were heard. This feedback has greatly informed the recommendations that follow herein.

Universal Mental Health Screening Recommendations

Recommendation No. 1: Illinois should undertake a phased approach to universal mental health screening of all K-12 students enrolled in public school districts. Universal mental health screening of all K-12 students means mental health screening of every student in every grade enrolled in a school district each year.

- The landscape scan indicates that this is both feasible and valuable for documenting mental health needs among students and facilitating linkage to supports and services. ISBE should work with stakeholders to develop a strategy that includes a tool for measuring capacity and readiness to implement universal mental health screening of students. This strategy, informed by the landscape scan results and findings, should build upon existing efforts to understand district needs for resources, technology, training, and infrastructure supports. The strategy should include a framework for supporting districts in this phased approach to implement universal mental health screenings.

Rationale: ISBE's landscape scan pointed not only to a need for universal mental health screening of students in Illinois, but the importance of a careful, intentional, and supported implementation of this policy and practice change over time. Over 25% of Illinois school districts that responded to the landscape scan feedback form already conduct universal mental health or social-emotional learning screening for their students, and 71% of the districts have some form of wellness screening activities. However, these screening activities significantly vary by district size and geography. Districts that are not engaging in any screening practices at all cite lack of qualified personnel as the largest barrier. It is irresponsible to move toward universal screening without first developing a strategy that includes a tool for measuring capacity and readiness to implement universal mental health screening of students. Universal mental health screening of students is one piece of many concurrently occurring resilient school-related initiatives (Figure 10), and a phased approach allows for more time for these various projects to work together to build a strong infrastructure for student mental health at all levels to ensure the success of each component, as well as a better understanding of mental health service capacity needs statewide.

Figure 10: Resilient Illinois Schools – A Social Ecological Approach

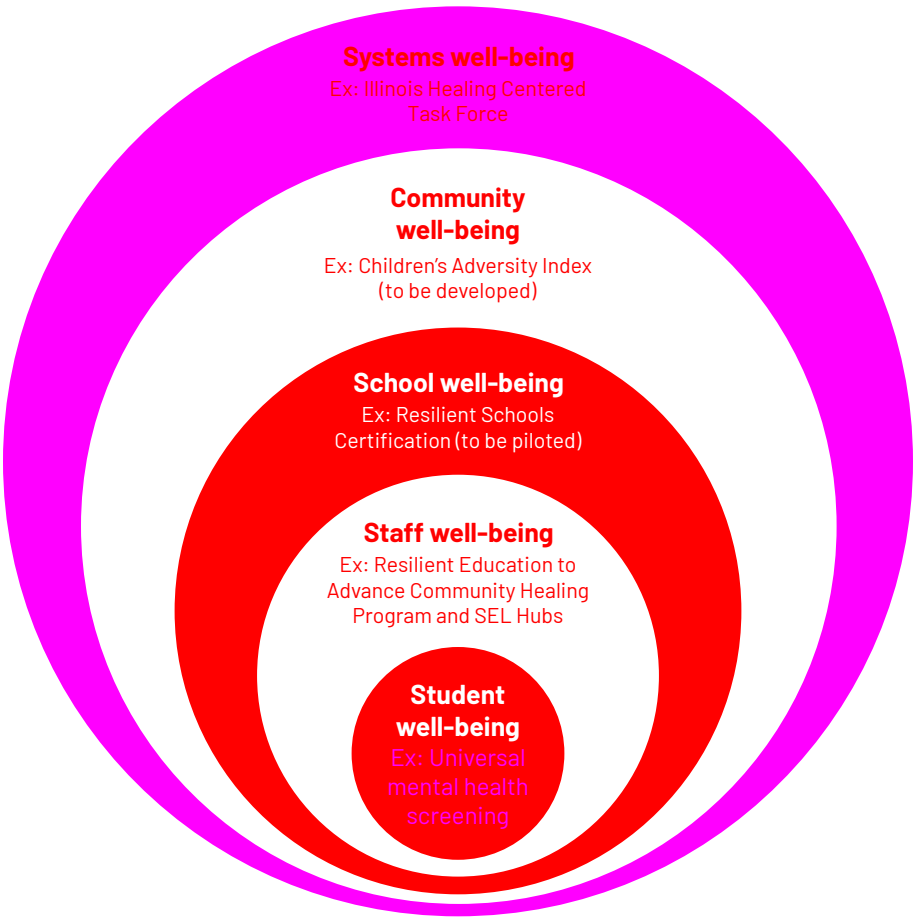
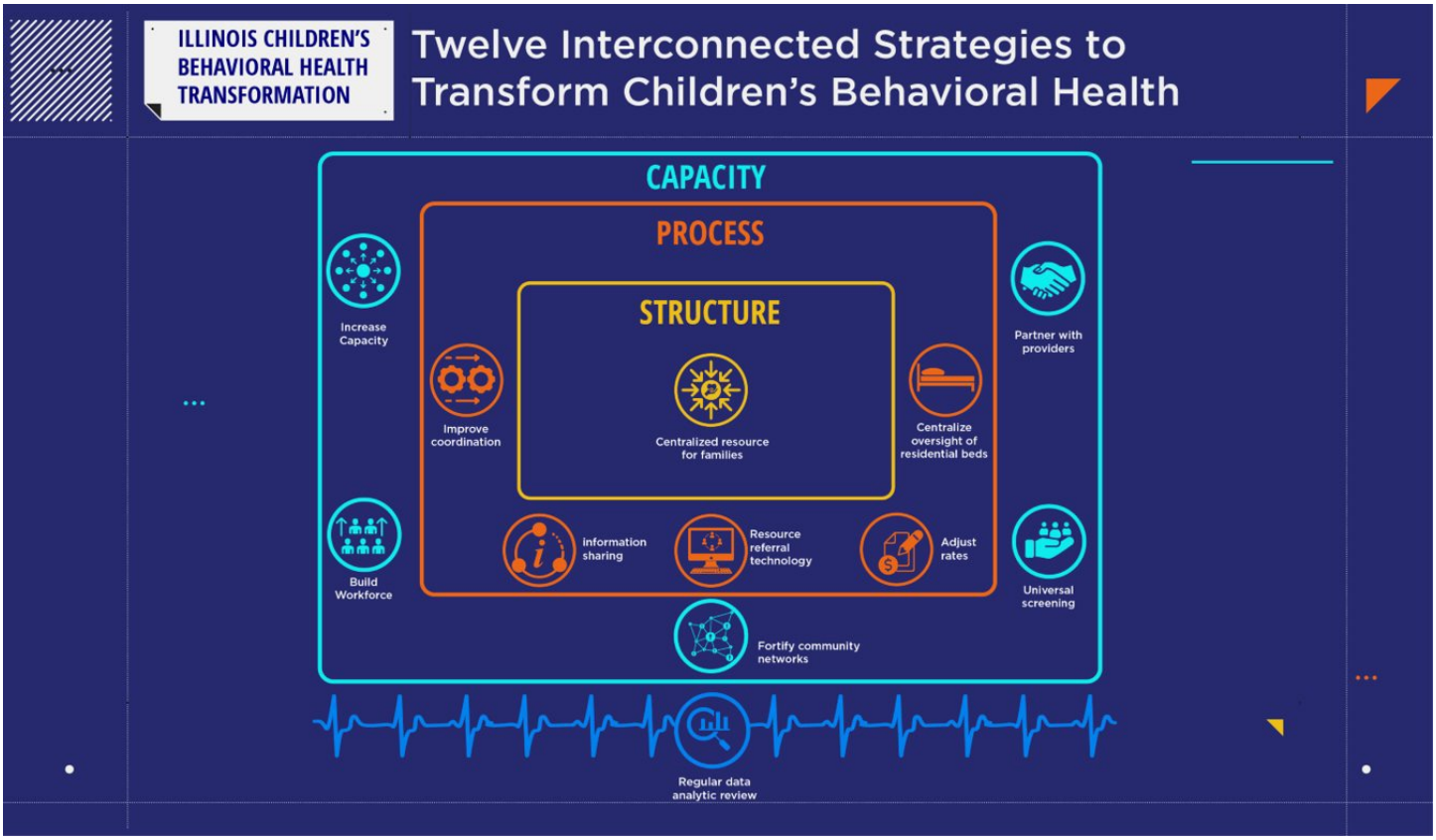


Figure 11: Interconnected Strategies to Transform Children's Behavioral Health in Illinois



As noted in Figure 11, universal mental health screening of students is also one piece of the entire Children's Behavioral Health Transformation Initiative. The Transformation Initiative continues to apply data to understanding gaps in service availability and strategically address that with capacity development for outpatient behavioral health programs. Universal mental health screening in schools is a key component of this understanding, but should be phased in over time to align with the other elements of the Transformation Initiative. It is important to identify and develop supportive resources for schools at the building, district, and community level to match needs that are indicated within screenings. Resources that complement and leverage existing partnerships are necessary for universal screening to be successful.

ISBE recognizes that successful implementation of this recommendation depends upon the following considerations.

Recommendation No. 2: ISBE, in consultation with relevant stakeholders, should compile and organize resources to support school districts in improving the mental health culture and climate in schools and reducing the stigma related to screening, referral, and participation in mental health services.

- ISBE, in consultation with relevant stakeholders that include families and students, should release a resource guide highlighting examples of free and low-cost evidence-based or evidence-informed trainings, stigma-reduction programs, resources for parent education about mental health, and information about the importance of peer-to-peer mental health support in schools.

Rationale: ISBE learned from our landscape scan listening session participants – particularly students – that stigma-reduction and mental health screeners need to be implemented concurrently to reduce the fear, hesitancy, and shame that often accompany asking for and receiving support related to mental health in schools. ISBE learned that screening practices may be more likely to be successful if introduced with strong support from training and communication and education campaigns for students, teachers, families, and communities.

Recommendation No. 3: ISBE, in consultation with relevant stakeholders, should release guidance about (1) mental health screening tools available for school districts to use with students and (2) associated training for school personnel.

- The process of developing guidance under this recommendation should include consultation with stakeholders who have expertise in administering mental health screening to students and providing training to school personnel about such administration. The guidance should be informed by evidence about universal mental health screening tools and the findings of the landscape scan.

Rationale: Screening practices vary widely across the state, and clarity is needed on which elements are the most important within a tool that is universally used. School districts need support in identifying best practices for training school personnel about mental health screening. A process overseen by ISBE should expand upon the evidence gathered in the landscape scan about the use of screening tools, which indicated that the use of such tools across the state is mixed. A process to develop guidance overseen by ISBE should recommend that tools used by school districts:

i. Be feasible for districts to administer.
ii. Specifically screen for relevant indicators and behaviors.
iii. Be developmentally and culturally appropriate, including, but not limited to:
    1. Age/grade.
    2. Special education.
    3. Language.
    4. Culture.

Recommendation No. 4: ISBE should oversee a process of model policy development with relevant stakeholders that supports school districts in implementing universal mental health screening of students.

- ISBE, in consultation with relevant stakeholders, should oversee a process of model policy development regarding universal mental health screening of all K-12 students enrolled in a school district, specifically model policy about communication, confidentiality, and screening follow-up and linkage to resources. This should include model policy about screening administration to every student in every grade enrolled in a school district each year, as well as model policy about offering the opportunity for students or parents to opt out of mental health screening.

Rationale: The landscape scan results indicate that students, parents, and school personnel are concerned about the policies and procedures that will guide universal mental health screening of students, specifically in the areas of communication, confidentiality, and follow-up procedures after screening.

In conclusion, the landscape scan documents a rigorous, comprehensive approach to gathering input and feedback from youth, parents, school personnel, and system stakeholders on the practice of universal mental health screening of students in schools. It illuminates key priorities and lessons learned from existing efforts, as well as some of the more nuanced intersections between social-emotional learning, school resource planning, community capacity, and school culture. Understanding these dynamics will be essential to any successful effort to enact universal in-school screening for mental and/or behavioral health service needs. Consequently, this landscape scan (and similar efforts to inform future innovations) should be consulted as the state embarks on an intentional strategy to develop a phased implementation plan, understand local capacity, and enhance resources and supports to schools to maximize the potential for in-school screening.

References

Castro-Ramirez, F., Al-Suwaidi, M., Garcia, P., Rankin, O., Ricard, J. R., & Nock, M. K. (2021). Racism and Poverty are Barriers to the Treatment of Youth Mental Health Concerns. Journal of Clinical Child & Adolescent Psychology, 50(4), 534-546. doi:10.1080/15374416.2021.1941058

Daruwala, I., Pan, J., Shramko, M., Salinas, V., Ramesh, K., Jiang, J., (2023, September). Study of learning renewal—Social emotional learning (SEL) programs for supporting pandemic recovery with the Illinois State Board of Education (ISBE) [PowerPoint slides]. American Institutes for Research.

Dowdy, E., Ritchey, K., & Kamphaus, R. W. (2010). School-based screening: A population-based approach to inform and monitor children's mental health needs. School Mental Health, 2, 166-176.
Dvorsky, M. R., Girio-Herrera, E., & Owens, J. S. (2013). School-based screening for mental health in early childhood. In Handbook of school mental health: Research, training, practice, and policy (pp. 297-310): Springer.

Glover, T. A., & Albers, C. A. (2007). Considerations for evaluating universal screening assessments. Journal of School Psychology, 45(2), 117-135.

Humphrey, N., & Wigelsworth, M. (2016). Making the case for universal school-based mental health screening. Emotional and Behavioral Difficulties, 21(1), 22-42. doi:10.1080/13632752.2015.1120051

Illinois Association of Regional Superintendents of Schools (IARSS) (2022). Educator Shortage Survey: Fall 2022 Administration for the 2022-2023 Academic Year. [https://iarss.org/wp-content/uploads/2023/01/IARSS-Educator-Shortage-AY23-230123.pdf]

Illinois State Board of Education (2023). Illinois Report Card State Snapshot 2022-2023. [https://www.illinoisreportcard.com/State]

Jones, S., Ethier, K., Hertz, M., DeGue, S., Le, V., Thornton, J., Lim, C., Dittus, P., Geda, S. (2022). Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021 Supplement. US [Department of Health and Human Services/Centers for Disease Control and Prevention, 71:3, [https://www.cdc.gov/mmwr/volumes/71/su/pdfs/su7103a3-H.pdf]

McGaugh JL, McIntyre CK, Power AE. Amygdala modulation of memory consolidation: interaction with other brain systems. Neurobiology of Learning and Memory. 2002 Nov;78(3):539-52. doi: 10.1006/nlme.2002.4082. PMID: 12559833.

Mulfinger, N., Rüsch, N., Bayha, P., Müller, S., Böge, I., Sakar, V., & Krumm, S. (2019). Secrecy versus disclosure of mental illness among adolescents: I. The perspective of adolescents with mental illness. Journal of Mental Health, 28(3), 296-303. doi:10.1080/09638237.2018.1487535

Siceloff, E. R., Bradley, W. J., & Flory, K. (2017). Universal Behavioral/Emotional Health Screening in Schools: Overview and Feasibility. (1531-5479 (Print)).

Splett, J. W., Fowler, J., Weist, M. D., McDaniel, H., & Dvorsky, M. (2013). The critical role of school psychology in the school mental health movement. Psychology in the Schools, 50(3), 245-258.

Substance Abuse and Mental Health Services Administration: Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools. (2019). Office of the Chief Medical Officer, Substance Abuse and Mental Health Services Administration, Rockville, MD. [https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf}

Appendix 1

PA 103-0546 — Sec. 2-3.196. Mental health screenings. On or before December 15, 2023, the State Board of Education, in consultation with the Children's Behavioral Health Transformation Officer, Children's Behavioral Health Transformation Team, and the Office of the Governor, shall file a report with the Governor and the General Assembly that includes recommendations for implementation of mental health screenings in schools for students enrolled in kindergarten through grade 12. This report must include a landscape scan of current district-wide screenings, recommendations for screening tools, training for staff, and linkage and referral for identified students.

Appendix 2

Illinois State Board of Education
Safe and Healthy Climate Center
June 2023
Mental and Behavioral Health Landscape Scan Feedback Form Preview

Pursuant to Recommendation 9 in the February 2023 Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children report and in accordance with Senate Bill 724, ISBE is administering a one-time landscape scan of all school districts in Illinois regarding mental and behavioral health screening of students. This feedback form is an opportunity for districts or other public entities that provide school programming to public school students in Illinois to offer input about mental and behavioral health screening in schools. No personally identifiable information about individuals is collected in this form. Feedback from entries will be shared with Chapin Hall at the University of Chicago and summarized in a forthcoming implementation report.

Please feel free to email ISBE at mentalhealth@isbe.net with any questions.

Definitions

Mental health relates to thoughts and feelings and how those may impact our lives. Mental health issues also may comprise diagnosable mental illnesses or mental disorders, such as depression, generalized anxiety disorder, bipolar disorder, and post-traumatic stress disorder.

Behavioral health is related to behavior, and how the actions people take impact their health. Behavioral health issues may include substance use disorders, eating disorders, or conduct problems. Because behavioral health problems are often a reflection of an underlying mental health issue, addressing behavioral health issues often requires attention to mental health.

Screening is a preliminary evaluation that looks for possible signs of a problem that would require further evaluation and support. Screening tools are typically short in length and quick to administer and score, and do not result in a diagnosis. **Assessment**, on the other hand, is a more detailed examination that systematically evaluates the type and nature of a problem in order to identify appropriate treatment.

The purpose of this form is to understand the current practices your district/entity employs related to mental and behavioral health screening of students. Thank you for your participation in this landscape scan.

1. Does your district/entity currently have any student mental and behavioral health screening practices in place?

Check only one.

- Yes, we screen ALL students to identify mental and behavioral health needs. {skip to question 3}
- Yes, we screen SOME students for mental and behavioral health needs.
- No. {Skip to question 13}

2. What typically triggers the administration of a mental and behavioral health screening tool? Check all that apply.

a. Student request/concern about themselves
b. Parent/guardian observation/concern
c. Teacher observation/concern
d. Other school personnel observation/concern
e. Other:

Use of Screening Tool

Please answer questions as they apply to students who receive mental and behavioral health screenings in your district/entity.

3. In what grade level(s) do you typically administer mental and behavioral health screenings of students?

Check all that apply.

- Prekindergarten
- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade

4. Your district/entity may use a variety of tools to understand mental health, behavioral health, and related issues. Please indicate which of the following are in use in your district/entity.

Check all that apply.

- ASQ) Ask Suicide-Screening Questions
- (BERS) Behavioral and Emotional Rating Scale - Third Edition
- (BASC–3 BESS) BASC–3 Behavioral and Emotional Screening System
- (BIMAS-2 Standard) Behavior Intervention Monitoring Assessment System
- (BIMAS-2 Flex) Behavior Intervention Monitoring Assessment System
- (BSAD) Brief Screening for Adolescent Depression
- Columbia Suicide Severity Rating Scale
- (DESSA) Devereux Student Strengths Assessment
- Duke Health Profile
- (EBS) Emotional and Behavioral Screener

- (K-10) Kessler 10 Psychological Distress Scale
- Panorama Social-Emotional Learning Survey
- (PHQ-9) Patient Health Questionnaire-9
- (PKBS-2) Preschool and Kindergarten Behavior Scales
- (PSC) Pediatric Symptom Checklist
- (PSC) Pediatric Symptom Checklist - Abbreviated
- Rethink SEL Screener
- Satchel Pulse SEL Assessment
- (SAEBRS) Social, Academic & Emotional Behavior Risk Screener
- (SDQ) Strengths and Difficulties Questionnaire
- (SSIS) Social Skills Improvement System
- (SSIS-SEL) SEL Edition Social Skills Improvement System
- (SRSS) Student Risk Screening Scale
- (SRSS-IE) Student Risk Screening Scale - Internalizing and Externalizing
- (SSBD) Systemic Screening for Behavior Disorders
- (TABS) Temperament and Atypical Behavior Scale
- Terrace Metrics Screener System
- Other:

5. Does your district/entity administer mental and behavioral health screening tools to any student before the school year begins?

- Yes
- No

6. Are mental and behavioral health screening tool(s) administered to any student during the school year at your district/entity?

Check only one.

- No.
- Yes, once during school year.
- Yes, twice during school year.
- Yes, three times during the school year.
- Yes, quarterly during school year.
- Yes, administered as needed.
- Yes, other:

7. Who completes the mental and behavioral health screening tool(s)?

Check all that apply.

- Teacher
- Paraprofessional
- Nurse
- Counselor

- Social Worker
- Psychologist
- School Administrator
- District/Entity Staff
- Parent/Guardian
- Self-Report by Student
- External Partner/Vendor
- Other:

8. Who is responsible for reviewing the mental and behavioral health screening results?

Check all that apply.
- Teacher
- Paraprofessional
- Nurse
- Counselor
- Psychologist
- School Administrator
- District/Entity Staff
- Parent/Guardian
- External Partner/Vendor
- Other:

9. Does your district/entity have a plan in place to address student needs identified by a mental and behavioral health screening?

Check only one.
- Yes
- No

10. Does your district/entity have a team that specifically handles student needs identified by a mental and behavioral health screening?

Check only one.
- Yes
- No (skip to #12)

11. Please select all staff from the list below who make up your district/entity's team.

Check all that apply.
- Teacher
- Paraprofessional
- Nurse
- Counselor

- Social Worker
- Psychologist
- School Administrator
- District/Entity Staff
- External Partner/Vendor
- Other:

12. Please select all of the barriers experienced by your district/entity in obtaining services/interventions for students related to a mental and behavioral health screening:

- Not enough information about where to find services
- Not enough capacity/long waiting lists
- Specific types of services not available
- Services not available at the times that students/families need
- Families don't have transportation to access services
- Services not available in the language that student/family speaks
- Difficulty making referrals
- Available services are unaffordable to students/families
- No barriers

Comments, barriers, challenges

13. What do you believe are the barriers and challenges to implementing universal mental and behavioral health screenings in schools?

Check all that apply.

- Lack of qualified personnel
- Lack of financial resources
- Lack of institutional knowledge about mental and behavioral health
- Lack of support from staff
- Lack of support from community
- Concerns over privacy
- Lack of access to services/interventions
- Lack of time
- Lack of data management system to collect and analyze results
- Other:

14. Please use the space below to provide any additional comments you would like to share about the topic of mental and behavioral health screening of students in your district/entity.

Thank you for your participation. Please feel free to email ISBE at mentalhealth@isbe.net with any questions.

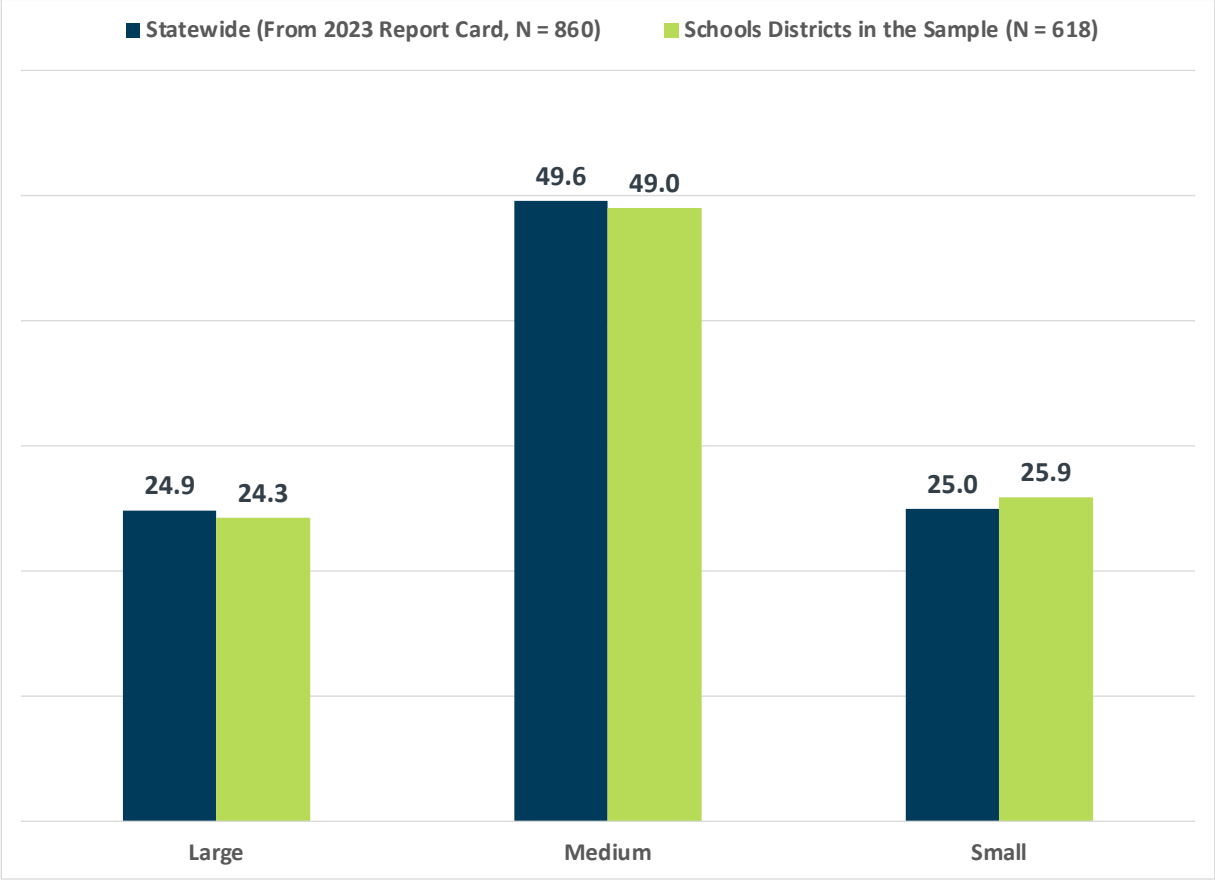
Appendix 3

Validation of Sample

Ensuring the representativeness of a survey sample is crucial for obtaining reliable and valid results that can be generalized to all school districts in the state. If certain school districts are systematically missing from the sample, it can introduce bias and compromise the external validity. The landscape survey sample was validated based on the district level data for SY2023 from ISBE state report card (https://www.isbe.net/ilreportcarddata). While 71% of the school districts (614 out of 865) participated in the landscape survey, they included 57.4% of the students enrolled in public schools in Illinois. Two notable omissions in the survey were two largest districts in the state, Chicago Public Schools and District U-46 that include 11 communities in 3 counties northwest of Chicago. The characteristics considered to gauge representativeness of the sample include district size, grades served in a given district, corresponding county, and racial composition. The characteristics of the sample mirrored all the districts in Illinois and no geographical concentration or omission was detected. The participating districts included higher percentage of white students compared to the percentage for the state as a whole, and black and Hispanic students were underrepresented.

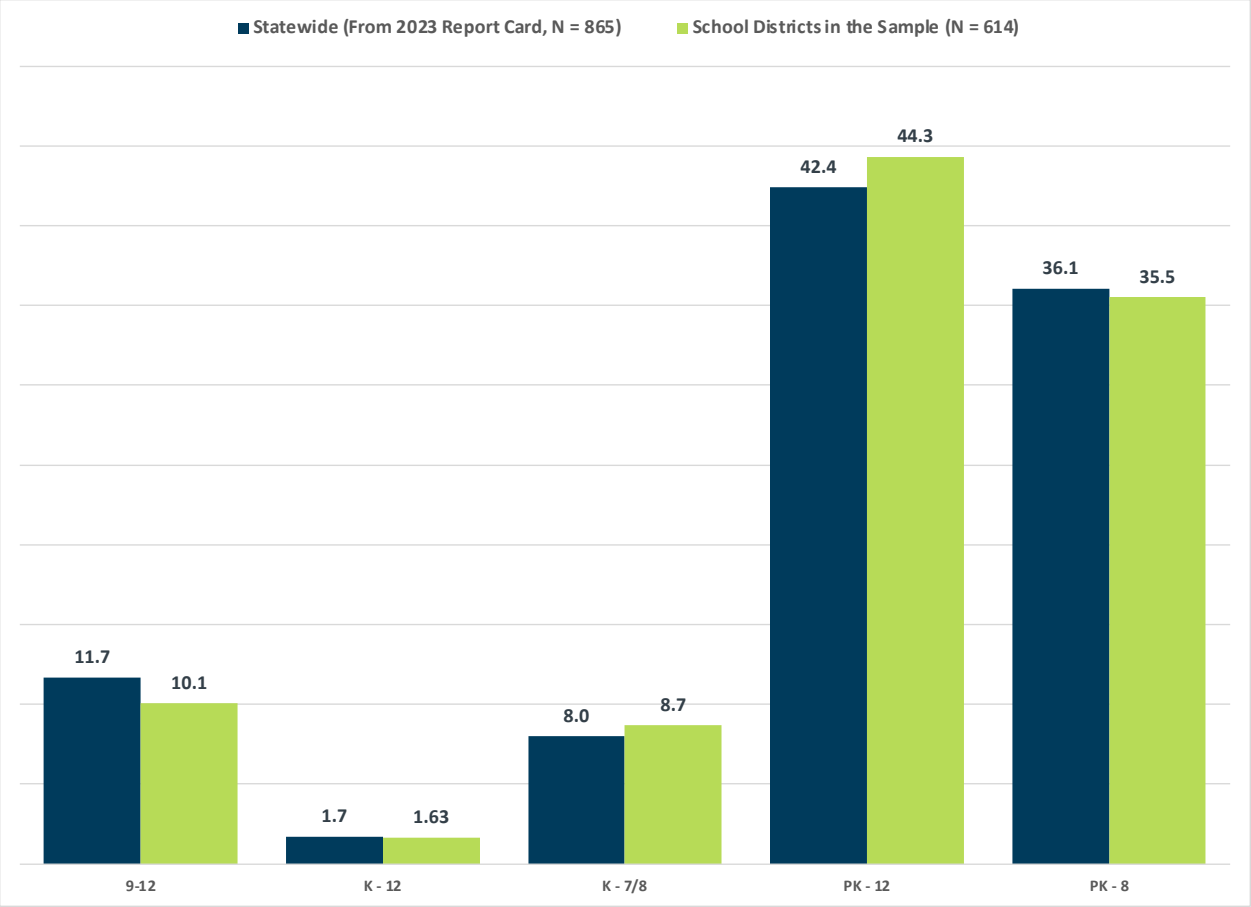
There was no significant difference by size of district between all the districts in the state and those districts that participated in the landscape survey (Figure 3-1).

Figure 3-1. Distribution by District Size (in percent)



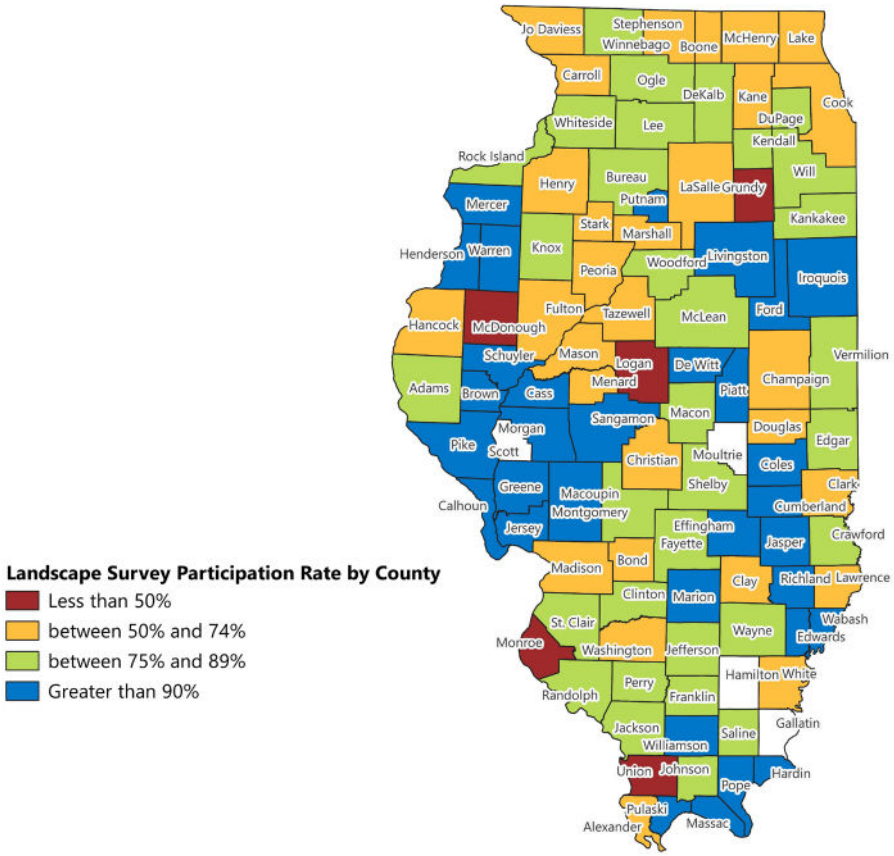
Distribution by grades served was also similar between the statewide distribution and the landscape survey sample (Figure 3-2). Approximately 80% of the school districts serve prekindergarten through 8th or 12th grade in the state, as was the case in the sample.

Figure 3-2. Comparison of Distribution by Grades Served (in percent)



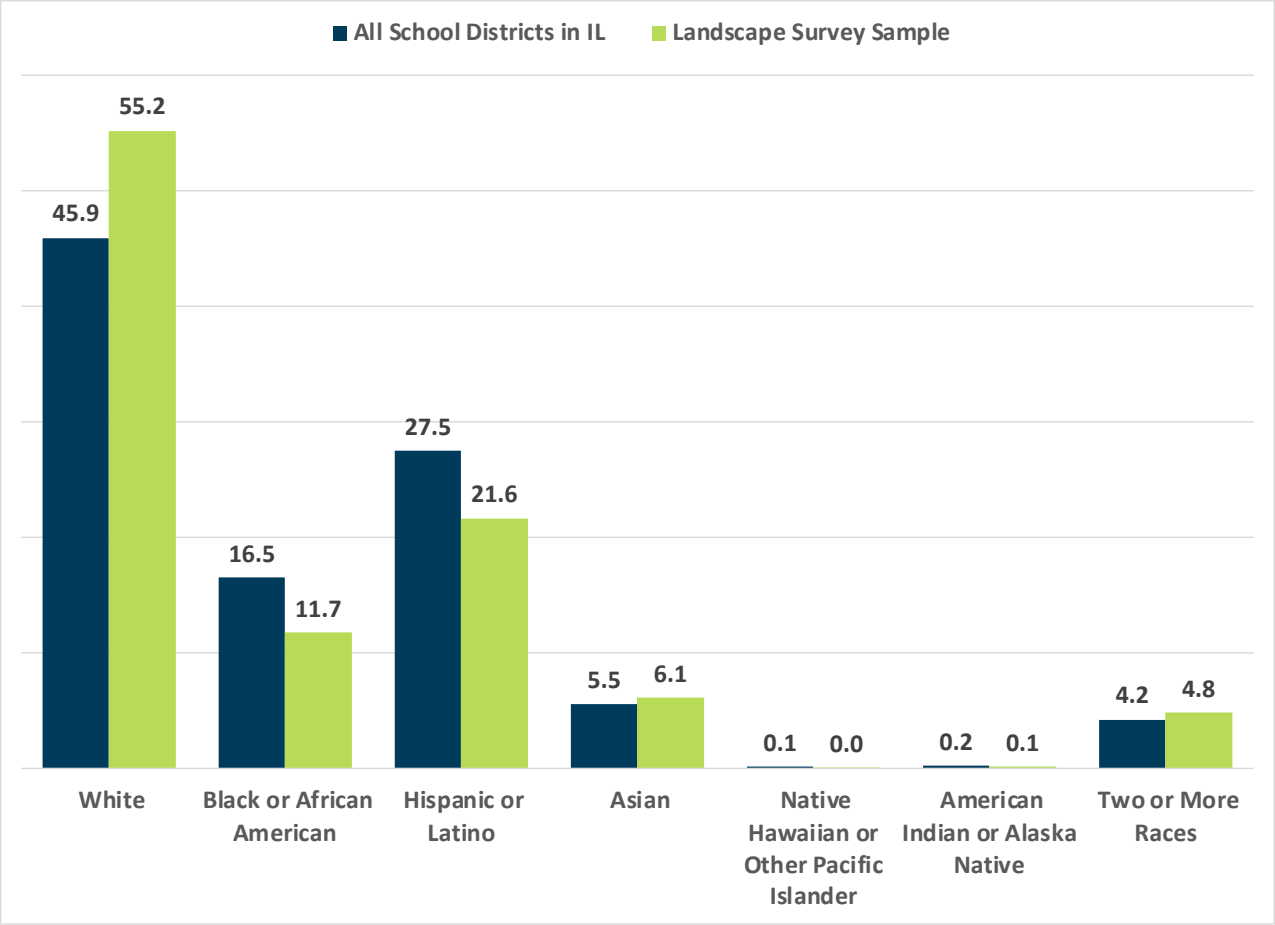
The landscape survey had widespread participation across the majority of counties, with some counties having exceptionally high participation rates and a few with lower rates. The geographical distribution of the districts that participated in the survey had representation from 98 out of 102 counties. In addition to 4 counties that did not have any school districts participating in the survey, only 5 additional counties had participation rates below 50%. Conversely, 32 counties had participation rate greater than 90% including 30 counties with all of their districts participating in the survey (Figure 3-3). Those counties with extremely high level of participation were found in central, southwestern, and southern parts of the state.

Figure 3-3. Landscape Participation Rate by County



The racial composition of the participating school districts indicates that white and Asian students, as well as students with two or more races, were overrepresented in the sample while Black and Hispanic students were underrepresented (Figure 3-4). This notable difference in racial composition between the landscape survey sample and the overall student population is largely a reflection of higher rates of participation among central, southwestern, and southern parts of the state, where the student population tend to be more homogeneous in terms of race. Conversely, the participation rates were relatively lower in the northern part of the state, where more diverse school districts are located.

Figure 3-4. Comparison of Racial Composition (in percent)



Appendix 4

Listening Session Guiding Questions/Prompts and Consent Information

School personnel guiding questions and prompts:

- What is your experience with mental and behavioral health screening in schools? Or, have you ever participated in a mental or behavioral health screen in the school context?
- Please share your general thoughts about screening students in Illinois public schools for mental and behavioral health issues.
- Think back over the years of your time working in education. Are there examples of when a practice of screening all/some students was or would have been helpful?
- Do you have any concerns about the practice of mental or behavioral health screening in schools? Are there examples of when practices of screening all/some students was not or would not have been beneficial for a particular reason?
- Please make any suggestions to ISBE of issues that should be considered when approaching the topic of mental and behavioral health screening of students.
- What are the three most important issues that need to be addressed to support your school/district administering screening?
- If your school/district uses any mental or behavioral health screening tools, please share any successes or challenges that may inform this landscape scan.
- Please share any positive outcomes that have resulted from screenings in your school/district, including in the realms of discipline, interpersonal relationships, or bullying.

Parents/caregivers guiding questions and prompts:

- What is your experience with mental and behavioral health screening in schools? Or, have you or your child ever participated in a mental or behavioral health screen in the school context?
- Please share your general thoughts about screening students in Illinois public schools for mental and behavioral health issues.
- Are there examples of when a practice of screening all/some students was or would have been helpful for your child?
- Do you have any concerns about the practice of mental or behavioral health screening in schools? Are there examples of when practices of screening all/some students was not or would not have been beneficial for a particular reason?
- Please make any suggestions to ISBE of issues that should be considered when approaching the topic of mental and behavioral health screening of students.
- If your school/district uses any mental or behavioral health screening tools, please share any successes or challenges that may inform this landscape scan.
- Please share any positive outcomes you have observed in your child that have resulted from screenings in your school/district, including in the realms of discipline, interpersonal relationships, or bullying.

Youth guiding questions and prompts:

- What is your experience with mental and behavioral health screening in schools? Or, have you ever participated in a mental or behavioral health screen in the school context?
- Please share your general thoughts about screening students in Illinois public schools for mental and behavioral health issues.
- In your experience as a student, are there examples of when a practice of screening all/some students was or would have been helpful?

- Do you have any concerns about the practice of mental or behavioral health screening in schools? Are there examples of when practices of screening all/some students was not or would not have been beneficial for a particular reason?
- Please make any suggestions to ISBE of issues that should be considered when approaching the topic of mental and behavioral health screening of students.
- If your school/district uses any mental or behavioral health screening tools, please share any successes or challenges that may inform this landscape scan.

Consent information (youth consent and assent were adapted from this language):
Informed Consent

You are invited to join a conversation about the possibility of screening for mental health concerns in schools. This conversation will help the Illinois State Board of Education (ISBE) to improve schools' ability to help young people who are dealing with mental health challenges. These efforts are based on recommendations from the Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children.

Your participation in this study is voluntary. You may decide not to answer any question or to end your participation at any time with no punishment or consequence.

If you consent to participate in this study, you would participate in a virtual "listening session" (a group discussion with 5-10 other youth, ages 15-25) with researchers from Chapin Hall at the University of Chicago as part of the Illinois Children's Behavioral Health Transformation Initiative. Illinois State Board of Education staff will sit in to hear the feedback, but they will be listening only. The listening session will last about 90 minutes.

The conversation will not be recorded, but one of the researchers will take detailed notes. No names or identifying information will be written in the notes. You may choose how much or how little you want to speak during the session.

Your participation will help the State develop plans for in-school mental health screening; there is no risk to your participation in this discussion, except possibly feelings of distress that may come up in talking about mental health issues.

The information you share with us will be kept completely confidential except for if you disclose any abuse or neglect (which is legally required to be reported to the Illinois Department of Children & Family Services) or risk of harm. The researchers will do our best to keep all information you share confidential. We cannot guarantee that everyone in the group will keep the discussion private, but we will ask that everyone please not share these conversations outside of this group to keep them confidential. Reports that include information learned during the listening sessions will not include any identifying information.

If you have any questions about this study, please contact the project's Primary Contact, Louisa Silverman at lsilverman@chapinhall.org. If you have questions about your rights as a research participant, please contact the University of Chicago Institutional Review Board at irb@crownschool.uchicago.edu or 773-834-0402.

Verbal Consent

By verbally consenting to taking part in this listening session, you acknowledge that you understand and accept all of the information provided to you. Do you voluntarily give consent to participate in this listening session?